THE BITSY GRANT LEGACY SOCIETY

Confidential Membership Information

Welcome to the Bitsy Grant Legacy Society! Please fill out this membership questionnaire and return it in the enclosed envelope to confirm your membership. Amounts are optional, but are also much appreciated as we plan for the future. This information is kept in the strictest confidence. Thank you.

Name (please print) _____

☐ **I have included the Friends of Bitsy Grant Tennis (incorporated as Bitsy Grant Tennis Association, Inc. in my will or revocable trust:**

☐ A specific bequest Amount: $_____
Restrictions:
☐ A percentage bequest FOBGT interest: _____% Est. value: $_____
Restrictions:
☐ A contingent bequest FOBGT interest: _____% Est. value: $_____
Contingencies:
☐ Other (describe) FOBGT interest: _____% Est. value: $_____

☐ **I have named the Friends of Bitsy Grant Tennis in an irrevocable trust or life-income arrangement:**

☐ Family Trust FOBGT interest: _____% Est. value: $_____

☐ Charitable Remainder Trust FOBGT interest: _____% Est. value: $_____

Date est'd: _____ Orig. value: $ _____ Deduction:$_____

☐ Charitable Lead Trust No. years _____ FOBGT interest: _____% Est. value: $_____

☐ Retained Life Estate FOBGT interest: _____% Est. value: $_____

☐ Other (describe)

☐ **I have made the Friends of Bitsy Grant Tennis the beneficiary of:**

☐ A life insurance policy Face amount: $_____ Cash value:$_____

☐ A Qualified Retirement Plan FOBGT interest: _____% Est. value $_____

Primary/Secondary Beneficiary (circle one)

☐ Other (describe):

☐ **Yes, I have attached a copy of the portion of my will that applies to** Friends of **Bitsy Grant Tennis or trust agreement in which Friends of Bitsy Grant Tennis is named.**

Authorization For Use of Name

☐ **I authorize the Friends of Bitsy Grant Tennis to list my name as a member of the Bitsy Grant Legacy Society in their publications. I understand that I am authorizing the use of my name for this limited purpose, and that the type and amount of my gift will remain strictly confidential.**

☐ **I prefer to remain an anonymous member of the Bitsy Grant Legacy Society.**

_____ _____

Signature Date

Return to 1266 West Paces Ferry Road, Box 113, Atlanta, GA 30327