



## SALEM HIGH SCHOOL ALUMNI ASSOCIATION

### Legacy Society Acknowledgement

The **Salem High School Alumni Association** has created the **Legacy Society** to recognize living individuals who commit to leave a legacy through estate planning. The board, in conjunction with the donor, may create and maintain specific written criteria to honor the intent of the donor.

Legal Name: The Scholarship Committee, Inc., of the Salem High School Alumni Association.

Tax identification number: 34-6519955. **Contact us at 330-332-1427 for more information.**

\_\_\_\_\_  
**NAME(s)** to appear in the communications of the association

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**TELEPHONE**

\_\_\_\_\_  
**CITY, STATE & ZIP CODE**

\_\_\_\_\_  
**EMAIL**

I hereby attest that I have made a bequest commitment to the Salem High School Alumni Association.

The bequest will be funded by:

Will or Living Trust

Donor Advised Fund

Retirement Plan Beneficiary Designation

Charitable Trust

Life Insurance Beneficiary Designation

Other: \_\_\_\_\_

Name/contact information, if applicable: \_\_\_\_\_

The amount may be approximately: \$ \_\_\_\_\_ (optional). Please consider enclosing a copy of the document. **All information will be kept confidential during your lifetime.**

By checking this box, I acknowledge that I wish to be recognized as a member of the **Legacy Society** and that my name (but not my bequest amount or wishes) will be listed in the communications of the association during my lifetime.

I would like the association to contact me about how to create written criteria to honor my intent on passing such as a **Named Scholarship**. Please contact us at 330-332-1427 for more information.

I agree that if I decide to remove the alumni association from my bequest, I will notify the organization in writing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

SHSAA Representative: \_\_\_\_\_ Date: \_\_\_\_\_