



The Kinkaid Legacy Society Membership Information Form

Thank you for joining the Kinkaid Legacy Society! Please complete this membership questionnaire and return it to The Kinkaid School, 201 Kinkaid School Drive, Houston, TX 77024 Attn: Advancement Office. Amounts are optional but are also appreciated as we plan for the future.

Your information is kept in strict confidence by the Advancement Office.

Name(s): _____

Birthdate(s): _____

CONFIRMATION OF ESTATE PLANS

I have included The Kinkaid School in my Will or revocable trust:

- A specific bequest of \$ _____
- A percentage bequest of _____ % with an estimated value of \$ _____
- A contingent bequest of \$ _____
Contingencies: _____
- Other (please describe): _____

I have made The Kinkaid School the beneficiary of:

- A life insurance policy. Face Amount: \$ _____ Cash Value: \$ _____
- A qualified retirement plan with a Kinkaid interest of _____ %, with an estimated value of \$ _____
- Other (please describe): _____

I have named The Kinkaid School in an irrevocable trust or life-income arrangement:

- Charitable Remainder Trust
- Charitable Lead Trust
- Retained Life Estate
Kinkaid interest: _____ % Est. value: \$ _____

I am enclosing a copy of the portion of my Will that applies to The Kinkaid School, the trust agreement in which Kinkaid is named, or the beneficiary designations of my retirement plan.

Yes, I am willing to be featured in a testimonial-format article in a Kinkaid publication or online to encourage others to join me as a member of the Kinkaid Legacy Society.

Signature: _____

Date: _____

Signature: _____

Date: _____