



Lamp of Learning
Confidential Membership Form

Welcome to Holton-Arms School's Lamp of Learning.
To confirm your membership, please fill out this confidential questionnaire and return to
Nina Gilman Gift Officer, at Holton-Arms School.

This information is kept in the strictest confidence, subject to the authorizations you provide below.

Documentation, Valuation and Counting

The details of this estate-related deferred gift shall be subject to review and approval by Holton-Arms School (the "School"). The donor shall document this estate-related deferred gift commitment for review by the School within six months from the date of execution of this agreement. The Donor understands and agrees that this gift will be subject to the counting and valuation policies of the School, and may be discounted for counting purposes in consideration of the Donor's age and/or other factors.

Name: _____ Date of Birth _____

Type of Gift

I have included Holton-Arms in my will or revocable trust*:

- A specific bequest of \$ _____
- A percentage bequest of _____%. Est. value: \$ _____
- Other (describe): **Note: remote contingencies do not qualify for membership*

I have named Holton-Arms in an irrevocable trust:

- Charitable Remainder Unitrust
Market Value: \$ _____. Holton-Arms interest: ____% Payout: ____%
- Charitable Remainder Annuity Trust
Market Value: \$ _____. Holton-Arms interest: ____% Payout: \$ ____
- Charitable Lead Annuity Trust
Market Value: \$ _____. Holton-Arms annuity: \$ _____. No. of years: ____
- Other (describe)

I have made Holton-Arms the beneficiary of:

- A life insurance policy. Death Benefit: \$ _____ Cash Value: \$ _____

Holton-Arms is (check one): ____ Primary Beneficiary ____ Secondary Beneficiary
- A Qualified Retirement Plan (IRA, 401k, 403b)
Holton-Arms interest: ____% Current market value of plan: \$ _____
Holton-Arms is (check one): ____ Primary Beneficiary ____ Secondary Beneficiary

Please include documentation (complete all)

- A copy of the portion of my will that applies to Holton-Arms, or the trust agreement or change of beneficiary form in which Holton-Arms is named, is attached hereto for your confidential files.
 - I would like to be recognized as the following _____
 - Name as you would prefer to be listed in all mailings and public material
-

Authorization for Use of Name

- Yes!** I authorize Holton-Arms to include my name on the membership list of *The Lamp of Learning* in official publications and on public recognition devices. I understand that this authorization is limited to the use of my name only, and that the type and amount of my gift will remain strictly confidential.

Purpose of Gift (check one)

My future gift is):

- Unrestricted
- Restricted to the following purpose or program (specify):
 - Compensation and benefits for our talented and dedicated teachers
 - Financial assistance to support a distinctive and diverse learning environment
 - Equipment and supplies for academic, arts and athletic programs
 - Professional development for faculty and staff
 - Innovations to our rich curricular offerings
 - Upgrades to instructional technology
 - Maintenance of our campus and facilities
- I prefer to remain anonymous.

By signing this form, in support of Holton-Arms, I the undersigned (“the Donor”) agree to make the charitable gift or gifts (“the Gift”) outlined above to the Holton-Arms School (the “School”) in accordance with the terms and conditions set forth herein. I intend that the pledge and commitments constitute a legal and moral obligation to pay the amounts stated. I recognize that the School may incur expenses in anticipation of payment of my pledge, and that the School will rely to its detriment on the fulfillment of my pledge in seeking commitments and pledges from others. I hereby acknowledge that the consideration to be provided by the School is sufficient and that the School’s reliance on my pledge is reasonable. This Agreement shall be binding upon the Donor’s estate, heirs, personal and legal representatives, successors, and assigns.

The Gift shall be counted and valued in accordance with the Gift Acceptance, Counting and Recognition Policy, approved by the School’s Board of Trustees. A copy of the Gift Acceptance, Counting and Recognition Policy will be made available upon request.

Signature _____
Date

Please print name _____
Date

Penny B. Evins _____
Date
Head of School, Holton-Arms School

Return this document to:
Nina Gilman, gift officer -Holton-Arms School 301-365-6057
Via email: nina.gilman@holton-arms.edu
Mail: Holton-Arms School, Attn: Nina Gilman, 7303 River Road, Bethesda, MD 20817