



# THE CASTLE CIRCLE



## MEMBERSHIP

*I/We have made provisions in my/our estate plan to provide for the future needs of Pace Academy. I/We understand that this future commitment can be modified or revoked at any time.*

NAME	NAME	
DATE OF BIRTH	DATE OF BIRTH	
EMAIL	EMAIL	
PACE AFFILIATION	PACE AFFILIATION	
ADDRESS		
CITY	STATE	ZIP

*I/We have made a provision in our estate plan through my/our:*

- |  |   |
|--|---|
| <input type="checkbox"/> WILL BEQUEST          | <input type="checkbox"/> LIVING TRUST           |
| <input type="checkbox"/> LIFE INSURANCE POLICY | <input type="checkbox"/> RETIREMENT PLAN or IRA |
| <input type="checkbox"/> OTHER:                |   |

*Note: All planned gifts will be applied to the Pace Academy General Endowment unless otherwise designated by the donor. Endowment gifts are restricted for perpetuity and spending is in accordance with the endowment spending policy.*

SIGNATURE	SIGNATURE
PRINTED NAME	PRINTED NAME
DATE	DATE

*Please list my/our name(s) for recognition associated with The Castle Circle as follows:*

- I/We do not wish to be recognized.*

## OPTIONAL SECTION

*I/We wish to inform Pace Academy that the current value of my/our future gift is: \$ \_\_\_\_\_.*  
*I/We understand that this information is not legally binding to my/our estate, and that I/we may add to, subtract from, or revoke this commitment at any time.*