

Confidential Legacy Gift Intention

Contact Information

Name _____ Date of Birth _____
Spouse Name _____ Date of Birth _____
Address _____
City, State, ZIP _____
Phone _____ Phone _____
Email _____ Parish _____

Type of Bequest

Specific Amount \$ _____ Percent of Estate _____% Remainder of Estate
 Beneficiary of IRA/
Retirement Account Life Insurance Living Trust

A copy of the provision is attached or will be sent when it is executed.

The estimated amount of my/our bequest is \$ _____

Purpose of Gift (Undesignated or Fund Designated) _____

Continued —————>

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Other Information

Attorney / Advisor name _____

Firm name _____

Address _____

City, State, ZIP _____

Phone _____ Email _____

I/We give permission for the Catholic Community Foundation to include my / our name(s), without disclosing the amount/terms of our gift intention, when acknowledging Legacy Donors.

Please list my/our name(s) as follows _____

I/We prefer to remain private. Do not publish my / our name(s) on a public list of Legacy Donors.

Acknowledgement

It is understood that these statements and estimates are offered solely to assist the Catholic Community Foundation record and project future gift expectancies. I/We understand that this bequest gift intention is revocable and may be changed at any time. I/We further understand that I am/we are not legally obligated to fulfill this gift intention if I/we choose to modify or cancel my / our gift intention at a future date.

Signature

Date

Spouse Signature

Date