



The Catholic Foundation

Planning Your Legacy

Confidential Legacy **Gift Intention**

Contact Information

Name _____
Address _____
City/State/Zip _____
Parish _____
Phone _____
Birth Date _____
Email _____

Spouse / Alternate Contact

Name _____
Address _____
City/State/Zip _____
Parish _____
Phone _____
Birth Date _____
Email _____

Vehicle For Planned Gift

- Beneficiary of Charitable Trust
- Beneficiary of Financial Account
- Beneficiary of Life Insurance Policy
- Beneficiary of Living Trust
- Beneficiary of Retirement Account

- Percent of Estate: _____ %
- Remainder of Estate
- Specific Dollar Amount: \$ _____
- Will
- Other: _____

- Attached are files, relevant provisions, and/or beneficiary designation forms.
- The estimated amount of my/our bequest is: \$ _____
- Purpose of Gift: _____

Professional Advisor Information

Name _____
Firm's Name _____
City _____
Phone _____
Email _____

Acknowledgement

The Catholic Foundation will never publish your name in a list of Immaculate Conception Legacy Society members.

- Yes, I/we give permission to notify Bishop Boyea of this gift intention.
- Yes, I/we give permission to notify our parish priest or nonprofit leadership.

This document verifies my/our intention to leave the church in my/our legacy plan. This will remain confidential and does not create a binding obligation.

Signature(s)

Date

Mail To: The Catholic Foundation
101 S. Washington Sq., Suite 620
Lansing, MI 48933

Questions: 517.253.8745