



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