



Please save the form to your computer, fill out the form, and email it to us so your member profile can be included in our Lumen Christi Legacy Society. * Indicates a required field.

*Name _____

*Address _____

*City _____ *State _____ * Zip Code _____

*Phone _____ Email _____

Please check one:

The Catholic Community Foundation of the Diocese of Richmond may include my/our name(s) in the Lumen Christi Legacy Society listing. Neither amount nor designation will be included in the listing.

I/we prefer to remain anonymous. Please do not include my/our name(s) in the Lumen Christi Legacy Society listing.

| The Source of Your Bequest | | |
|---|---|--|
| Please indicate your estate provisions by checking one or more appropriate boxes. | | |
| <input type="checkbox"/> Will | <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> IRA |
| <input type="checkbox"/> Retirement Plan | <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Other (specify): _____ | |
| For a Specified Amount (select one) | | |
| <input type="checkbox"/> Amount: _____ | <input type="checkbox"/> Percentage: _____ | |
| How Your Gift is to be Used | | |
| <input type="checkbox"/> Name the parish, school, ministry or agency to be the beneficiary of your legacy gift: _____ | | |
| <input type="checkbox"/> Create an endowment in my/our name and only distribute income earned from this investment to (Minimum contribution \$25,000) (select one): | | |
| <input type="checkbox"/> Parish: _____ | | |
| <input type="checkbox"/> School: _____ | | |
| <input type="checkbox"/> Catholic Organization: _____ | | |
| <input type="checkbox"/> Catholic Community Foundation's discretion of area of greatest need | | |
| <input type="checkbox"/> Add this gift to the existing endowment (indicate fund name): _____ | | |
| Visit or website at www.richmondcatholicfoundation.org to view all funds. | | |

Signature: _____ Date: ___/___/___

Spouse's Signature (if applicable): _____ Date: ___/___/___

I/we agree that the signature I/we have typed above will be the electronic representation.

Email completed form to: MKeenan@richmonddiocese.org or call (804) 622-5221 for further assistance.