



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.

- Will Life Insurance Policy IRA
 Retirement Plan Charitable Remainder Trust Charitable Lead Trust
 Charitable Gift Annuity Other (specify): _____

For a Specified Amount (select one)

Amount: _____ Percentage: _____

How Your Gift is to be Used

Name the parish, school, ministry or agency to be the beneficiary: _____

Name of parish, school or ministry

Create an endowment in my/our name and only distribute income earned from this investment to (Minimum contribution \$25,000) (select one):

- Parish: _____
 School: _____
 Catholic Organization: _____
 Catholic Community Foundation's discretion of area of greatest need

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.