



Confidential Bequest Gift Information Form

NAME _____ DATE OF BIRTH ____/____/____

SPOUSE NAME _____ DATE OF BIRTH ____/____/____

ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE (____) _____ WORK PHONE (____) _____

E-MAIL _____ PARISH _____

MY/OUR WILL AND/OR OTHER ESTATE PLANNING DOCUMENTS WERE EXECUTED ON: _____

(YEAR)

TYPE OF BEQUEST:

_____ SPECIFIC AMOUNT _____ PERCENT OF ESTATE (____%) _____ REMAINDER OF ESTATE

_____ BENEFICIARY OF IRA, OTHER RETIREMENT ACCOUNT _____ LIFE INSURANCE _____ LIVING TRUST

THE AMOUNT OF MY/OUR BEQUEST (OR ESTIMATED/PROJECTED AMOUNT) IS \$ _____

PURPOSE OF GIFT: UNDESIGNATED OR FUND DESIGNATION GIFT:

ATTORNEY/ADVISOR NAME _____ WORK PHONE (____) _____

FIRM'S NAME _____

ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

_____ PLEASE INCLUDE MY/OUR NAME(S), WITHOUT DISCLOSURE OF THE AMOUNT, AS PART OF THE ANIMA CHRISTI SOCIETY. I/WE WOULD LIKE MY/OUR NAME(S) TO BE RECORDED AS FOLLOWS:

[PLEASE PRINT YOUR NAME(S) AS YOU WOULD LIKE TO BE LISTED]

_____ I/WE PREFER THE TERMS OF THIS BEQUEST GIFT TO BE ANONYMOUS.

SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE (IF APPLICABLE) _____ DATE _____