

# PLANNED GIVING DECLARATION OF INTENT

| Name        |        |     |  |
|-------------|--------|-----|--|
| Address     |        |     |  |
| City, State |        | Zip |  |
| Phone       | E-mail |     |  |

As an expression of my commitment to the mission of All Saints Catholic School, I take pleasure in declaring my intention to help provide for the future of Catholic education:

# I would like to make this gift through:

| my will   |   |
|---|---|
| a life-insurance policy                               |   |
| a trust agreement                                     |   |
| Other (please specify)                                |   |
| in the approximate amount of \$                       | (indication of amount or percentage is optional). |
| This commitment is to be used for:                    |   |
| $\Box$ The full mission of All Saints Catholic School |   |
| To help retire the debt                               |   |
| □ To fund operations and facility maintenance         |   |
| □ To fund tuition                                     |   |
| To fund technology and instruction                    |   |
| □ Other:  |   |
|   |   |

Though this letter of intent is an expression of my current plans, I understand that I may modify or revoke it and that it is not a legal obligation binding on me or my estate.

Signature

Date

## The Legacy Society:

The Legacy Society is an honorary society created by All Saints Catholic School as a way of bringing those who make a bequest or lifetime gift into our extended family. As a Legacy Society member, you become eligible to receive the following:

- Notices of All Saints events and reserved seating for the Christmas program and graduation.
- Opportunity to read to a class, have lunch with students, etc.
- When substantial estate planning and tax issues arise, we will provide you with information about those changes and how they affect you.

By informing us of your plan, you will automatically be enrolled in this prestigious society.

I would like to be listed as follows:\_\_\_\_

I wish to remain anonymous \_\_\_\_\_

I give \_\_\_\_ I do not give\_\_\_\_ you permission to include my name on your list of planned gift donors, which will be printed in All Saints' publications such as the annual report.

#### Please print this declaration and return it to:

Alyssa McBride, Director of Development All Saints Catholic School 3418 Noble Ave. Richmond, VA 23222

If you would like to discuss planning a gift to All Saints Catholic School, please call or e-mail Alyssa McBride at 804 329-7524 x 108 or amcbride@allsaintsric.org.

### Thank you for your thoughtful and generous support!