



Our parish *Lumen Christi Legacy Society Chapter* is being created to honor those who have named the parish as a beneficiary with a legacy gift.

Membership in Sacred Heart Catholic Church's Lumen Christi Legacy Society Chapter is automatic for any parishioner who makes a legacy gift to our parish. We are honored to acknowledge these special benefactors. However, the amount of your intended legacy gift is never publicly disclosed. This is a commitment known only to you, your family and the parish administration.

INTENTION FORM

	Please print.			
Spouse's Full Name: (if applicable) Street Address: City:	Full Name:			
City:				
Phone Number:Email:	Street Address:			
Parish:	City:	State:	Zip Code:	
Write your name(s) as you would like appear on our Parish's Lumen Christi Legacy Society Chapter membership list, or if you choose to remain anonymous, write "Anonymous":	Phone Number:	Email:		
you choose to remain anonymous, write "Anonymous":	Parish:			
as a beneficiary of one or more of the following instruments: (no minimum is required) Last Will and Testament Retirement Plan Life Insurance Policy Real Estate Charitable Gift Annuity Charitable Remainder Trust Charitable Lead Trust Other: I/We estimate the current value of the gift is approximately \$ or% of the above legacy gift. Signature: Date: / /		• •		
Last Will and TestamentRetirement PlanLife Insurance PolicyReal Estate Charitable Gift AnnuityCharitable Remainder TrustCharitable Lead Trust Other: I/We estimate the current value of the gift is approximately \$or% of the above legacy gift. Signature:Date://				(parish name)
Charitable Gift Annuity Charitable Remainder Trust Charitable Lead Trust Other: I/We estimate the current value of the gift is approximately \$ or% of the above legacy gift. Signature: Date://				
Other:Other:	Last Will and Testament _	Retirement PlanLif	e Insurance Policy	Real Estate
I/We estimate the current value of the gift is approximately \$or% of the above legacy gift. Signature: Date://	Charitable Gift Annuity	Charitable Remainder Trust	Charitable L	ead Trust
Signature: Date:/	Other:			
	I/We estimate the current value of the	ne gift is approximately \$	or% of t	he above legacy gift.
Spouse's Signature: Date: Date:	Signature:			Date://
	Spouse's Signature:			Date://

Please return your form to: Sacred Heart Catholic Church, Parish Office

538 Central Blvd., Danville, VA 24541