



Sacred Heart Catholic Church *Lumen Christi Legacy Society Chapter* has been created to honor those who have named the parish as a beneficiary in their Will. We are honored to acknowledge these special benefactors. 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.*

Full Name: \_\_\_\_\_

Spouse's Full Name: (if applicable) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parish: \_\_\_\_\_

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": \_\_\_\_\_

I/We have remembered \_\_\_\_\_ (parish name)

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: \_\_\_\_\_

The gift is to be used for: (check one)

Unrestricted Use     Restricted Use: \_\_\_\_\_

(Please indicate specific purpose)

I/We estimate the current value of the gift is approximately \$ \_\_\_\_\_ or \_\_\_\_\_ % of the above planned gift.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return your form to:** Parish Office  
Sacred Heart Catholic Church  
520 Graydon Avenue  
Norfolk, VA 23507