



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

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: _____

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

Signature: _____ Date: ____/____/____

Spouse's Signature: _____ Date: ____/____/____

Please return your form to: Sacred Heart Catholic Church
255 W. Main Street
Covington, VA 24426