



## INTENTION FORM

Shrine of the Infant of Prague Catholic Church's Lumen Christi Legacy Society is for any parishioner who designates the parish as a beneficiary in their estate plans. The amount of your intended legacy gift is never disclosed. This is a commitment known only to you and the parish administration.

*Please print.*

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

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

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

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Write your name(s) as you would like to appear on our Parish's *Lumen Christi Legacy Society* membership list, or if you choose to remain anonymous, write "Anonymous": \_\_\_\_\_

I/We have remembered: \_\_\_\_\_ 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 planned gift.

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

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

**Please return your form to:** Shrine of the Infant of Prague  
Parish Office  
1014 Clay Street  
Franklin, VA 23851