



INTENTION FORM

Our Lumen Christi Legacy Society Chapter is created to honor those who have named Catholic Church of St. Stephen, Martyr as a beneficiary with a legacy gift in their Will or Trust.

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: Catholic Church of St. Stephen, Martyr
1544 S. Battlefield Road
Chesapeake, VA 23322
ATTN: Crystal Anderson, Business Manager