

Estate Intention Form

This is a confidential record. In order that we may include you in our planned giving society, value your future gift for any campaign purposes and properly thank you and acknowledge your gift, please fill out the following information which applies to your future gift of a bequest through your Will or Trust.

You may drop off this form or mail it to: **St. Thomas More Catholic Newman Center
Planned Giving
1331 Warren Street
Mankato, MN 56001**

I look forward to talking with you about this gift intention. I understand that listing this gift may be an incentive for others to give and I am willing to be publicly acknowledged.

I understand you would like to contact me and I would be happy to discuss this with you but I prefer not to be listed or acknowledged publicly.

My Will/Trust was signed on: _____.

My Will/Trust provides that \$_____ shall be bequeathed to the St. Thomas More Catholic Newman Center in Mankato, Minnesota through my estate.

My Will/Trust provides that certain items of real or personal property shall be bequeathed to the St. Thomas More Catholic Newman Center in Mankato, Minnesota through my estate. The items are as follows:

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As of today's date, I estimate these items to be worth approximately \$_____.

My Will/Trust indicates that the bequest through my estate is unrestricted.

My Will/Trust directs the St. Thomas More Catholic Newman Center Catholic Center to use my bequest through my estate for a specific purpose.

The specific purpose is as follows:

I understand that I am not making a legal, or binding, commitment upon my estate by submitting this Estate Intention Form. Further, the St. Thomas More Catholic Newman Center should understand that the size of my future gift might be significantly different from the amount estimated above for the purposes of valuation in any campaign. If for any reason in the future the St. Thomas More Catholic Newman Center is no longer included in my estate plan, I will notify you so that you can update your records and remove me from the planned giving society.

Name/s _____

Signature/s _____ Date _____