

Planned Giving - Statement of Charitable Bequest Intention

The Regis Catholic Schools Foundation, recognizes that your bequest intentions are a personal matter that you may wish to keep confidential. However, if you are willing to share them, we would like to record and acknowledge your intentions. Any information you share will be held in the strictest confidence. Please use this form to inform us of the details of your bequest intentions.

This intention form is for informational purposes only. Your estate is not bound legally by submitting this statement. Your commitment remains revocable and can be modified at any time.

Name(s)		
Address		
City/State/ZIP		
Phone	Email	
Date(s) of Birth	//	

As evidence of my/our desire to support Regis Catholic Schools, I/we wish to inform the Regis Catholic Schools Foundation that you have been named in my/our estate plans. I have made a provision for Regis Catholic Schools in my estate plans as follows:

TYPE OF GIFT

- A specific bequest in my will of \$_____
- A percentage bequest of ______% with the estimated value of \$______
- Charitable Trust: Market Value \$_____ Regis Interest_____% Payout_____%
- Other (Please describe) ______

I/We have made the Regis Catholic Schools Foundation the beneficiary of:

- A life Insurance Policy: Death Benefit
 Cash Value
 Cash Value
- A qualified Retirement Plan: Regis Interest _____% Current market value_____ (IRA, 401k, 403b etc.) Regis is _____Primary Beneficiary _____Secondary Beneficiary
- Other gift (Please describe) ______

PURPOSE OF GIFT

- Unrestricted
- Restricted (please specify your intentions) ______

DOCUMENTATION

• Yes, I/We will share a copy of the portion of my/our will that applies to the Regis Catholic School Foundation, or the Trust/Change of Beneficiary Form in which Regis is named.

RECOGNITION

- Yes, I/We authorize Regis and the Regis Catholic Schools Foundation to include my/our name(s) on the membership list of the Regis Legacy Society and on the recognition plaque located in Regis High School main entrance. I/We understand that this authorization is limited to the use of my/our name(s) only, and that the type and amount of gift will remain strictly confidential.
- I/we would like our name to appear as follows:
- I/we refer to remain anonymous

Attachments or letters that further describe the nature of the above provision(s) are welcomed. Also, that section of your will, trust agreement or other documents pertaining to these provision(s) would be appreciated.

NOTE: The Foundation shall have the power(variance)to modify any restriction or condition on the use of funds for any specified charitable purposes if in the sole judgement of the Foundation board, such restriction or condition becomes, in effect, unnecessary, incapable of fulfillment or inconsistent with the charitable needs of the organization.

In the event of unforeseen circumstances that require any future change in the above estate planning provision(s), I agree to notify the Regis Catholic School Foundation of such a change.

Signature	Print Name	_Date
Signature	Print Name	_Date

• I/We have not yet made a planned gift, but would like to learn more about possible options.

Contact the Advancement Director with any questions at (715)830-2273, ext. 1407 or <u>Foundation@RegiCatholicSchools.com</u>