



Planned Giving Statement of Intent

I am/We are committed to the future financial security of Star of the Valley Parish and wish to support its future.

It is my/our intent to include Star of the Valley in my/our estate planning by means of:

- | | |
|--|---|
| <input type="checkbox"/> Bequest in Will or Trust | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Beneficiary of a Revocable Trust | <input type="checkbox"/> Interest in Real Estate |
| <input type="checkbox"/> Beneficiary of a life insurance policy | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Beneficiary of IRA or a 401(k) or 403(b) retirement plan. | |
| <input type="checkbox"/> The estimated value of my/our gift is \$ _____ | |
| <input type="checkbox"/> I/We do not know the value. | |
| <input type="checkbox"/> I/We do not wish to disclose the value at this time. | |

Purpose

It is my/our wish that our gift be used:

- At the discretion of Star of the Valley Parish, to be used where most needed (Unrestricted)
- For the following existing fund(s) or purpose (Restricted):

Recognition

Star of the Valley Parish appreciates the opportunity to acknowledge your commitment by publicly recognizing your contribution* However, if you prefer to remain anonymous, we will respect your wishes.

- I/We permit Star of the Valley Church to use my/our name(s) in printed lists of planned gifts which may appear in Star of the Valley's annual report, bulletin, and/or other publications (including on the parish website.)
- I/We prefer to remain anonymous during my/our lifetime(s). You may recognize my/our gift after you receive it.
- I/We prefer to remain anonymous during and after my/our lifetime(s).

**Note for couples: We are happy to list you either separately or as a couple, depending on your preference. If you would like to be recognized as a couple, please complete this form accordingly. If you are making separate planned gifts and prefer to be listed individually in all documents and/or publications, please submit separate forms, one in each name.*



My/our signature below represents my/our commitment.

Print Name (1st Donor): _____

Signature (1st Donor): _____ Date: _____

Address: _____

City, State, Zip: _____

Phone(s): _____
Home Cell/Mobile

Email(s): _____

Print Name (Spouse): _____

Signature (Spouse): _____ Date: _____

Address: _____

City, State, Zip: _____

Phone(s): _____
Home Cell/Mobile

Email(s): _____