

PLANNED GIVING DECLARATION OF INTENT

As a demonstration of my/our intention to strengthen and further support the mission of the Sisters of Charity, BVM, I am/we are pleased to notify you that I/we have made a provision in my/our estate and listed the sisters as the beneficiary. I/We understand this commitment is revocable and may be changed at any time.

Name(s)					
Address	City	(State	Zip	
Phone	Email				
It is my/our intent to leave a gift to the S	Sisters of Charity, BVN	I through my/c	our:		
WillReti:Charitable TrustStoc	rement/IRA Assets ks/Appreciated Assets		Life Insurance Policy Other:		
To assist the congregation in long-term gift to be \$ (Disclosing amount will never be made public without constant)	unt is not required bu	t appreciated.)			
The Legacy Partners Society					
I/We grant permission for my/o Member. (Amounts are never disclosed		shed among lis	ts as a Le _į	gacy Partner	
List my/our name(s) as follows:					
I/We do not grant permission to should be reflected as anonymous.	publish my/our nam	e(s) as a Legacy	Partner N	Member. My/Our gift	
Date Donor Signa	ature	Donor	Signature		
Please return this document to: Sisters of Charity of the Blessed Virgin Market Development Office 1100 Carmel Drive Dubuque, Iowa 52003-7911	Mary				

1100 Carmel Drive

Dubuque, Iowa 52003-7911 563-588-2351

BVMSISTERS.ORG

000