Planned Giving Declaration of Intent

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

Name(s)			
Address	City	State	Zip
Phone	Email		
It is my intent to leave a gift to t	he Sisters of Charity, BVM through my:		
Will	Retirement/IRA Assets	Life Insurance Policy	
Charitable Trust	Stocks/Appreciated Assets _	Other:	
\$ (Disclosing amount made public without consent from the Legacy Partners S		ints are not binding and	d will never be
I/We grant permission for (Amounts are never pub	or my name(s) to be published among list lished.)	s as a Legacy Partner N	lember.
Please list my/our name(s) as fo	llows:		
I do not grant permissio as anonymous.	n to publish my name as a Legacy Partner	Member. My gift shou	ıld be reflected

Please return this document to:

Date

Sisters of Charity, BVM Development Office 1100 Carmel Dr. Dubuque, IA 52001 563-585-2854



Donor Signature

Donor Signature

1100 Carmel Drive | Dubuque, IA 52003-7991 | 563.585.2854