LETTER OF INTENT FOR A PLANNED GIFT

This statement is an expression of my intent to provide for the future of the Congregation of Divine Providence, Inc. through a planned or estate gift. I/We have left a legacy through:

- Trust
- Will
- Charitable Remainder
- Charitable Gift Annuity
- Life Insurance
- Other: 
- Real Estate

The estimated value of my/our gift is $ .

Purpose

It is my wish that the gift be used as follows:

- At the discretion of the Congregation of Divine Providence, Inc., where most needed to support its most compelling needs and opportunities
- For the following existing fund(s) or purpose:
  - Future Members
  - Ministries in Mexico
  - Moye Retreat Center
  - Providence Trust
  - McCullough Hall Nursing Center
  - Associates
  - Haiti

Special circumstances of my gift include: ________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I will provide you a copy of my will, policy, trust or beneficiary designation and appropriate contact information. Yes ______ No ______

I would like to work with the Congregation of Divine Providence to create a gift agreement that details the purpose of my gift. Yes ______ No ______
Recognition

The Congregation of Divine Providence appreciates the opportunity to acknowledge your commitment by publicly recognizing your contribution. If you prefer to remain anonymous, however, we will respect your wishes.

_____ I/We permit the Congregation of Divine Providence to use my/our name(s) in printed lists of planned gifts which may appear on the Congregation website and/or other publications. When published, it should appear as:

_________________________________________________________________________________

_____ 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).

_________________________________________________________________________________

Donor Signature ___________________________________________ Date __________________________

Printed Name: _____________________________________________

Address: ___________________________________________________

City: ___________________ State: ___________________ Zip Code: ___________________

Phone: (H) _______(W) _______(C) __________________________

Email: _____________________________________________________

Date of Birth _______________________________________________

_________________________________________________________________________________

Spouse Signature ___________________________________________ Date __________________________

Printed Name: _____________________________________________

Address: ___________________________________________________

City: ___________________ State: ___________________ Zip Code: ___________________

Phone: (H) _______(W) _______(C) __________________________

Email: _____________________________________________________