BEQUEST INTENTION ACKNOWLEDGEMENT FORM

St. Peter Cathedral School recognizes the generosity of those alumni, parents, and friends who have planned support for us through wills, trusts, life income funds, and life insurance gifts.

About you:

☐ ALUMNI - Class Year _____  ☐ PARENT  ☐ FRIEND  ☐ FACULTY / STAFF  ☐ Other ________________

Donor Information

First Name: ________________________ M.I. _____ Last Name: _____________________ Suffix: ____

Maiden Name (if applicable) _____________________

Address: ____________________________________________ Address 2: __________________________

City: __________________________________________ State: __________________ Zip: ______________

Phone: ______________________  Mobile #: ____________________ Email: ________________________

Name of Spouse or other Beneficiary: _________________________________________________________

Terms of Your Bequest

PART I: CONFIRMATION

I will provide for the St. Peter Cathedral School through my:

☐ Will  ☐ IRA  ☐ Retirement Plan  ☐ Trust  ☐ Insurance Policy  ☐ Other ____________________________

Designation of Bequest:

☐ Unrestricted: Please use the proceeds for St. Peter Cathedral School’s greatest need

☐ General Endowment: Please add this gift to the general endowment

☐ Restricted: Please use the proceeds as support for the following department/facility/other

_______________________________________________________
□ Named Endowment Fund: Please establish an endowed fund in the name of or to honor ____________________________________________, to be used for ____________________________________________

My bequest is in the following form and amount:

□ Estimated amount of gift $ ______________________________/ ____________%

□ Cash: Includes stock, bonds, and other liquid assets

□ Specific Asset Classes: Includes mutual fund accounts, real estate, or ____________________________________________

□ Residuary: I bequeath the remainder of my estate after all bequests, debts, taxes and expenses are paid

□ Contingent: (no Annual Fund campaign credit) Terms: ______________________________________________________

*This bequest will only take place if a named beneficiary predeceases you.

PART II: ACKNOWLEDGMENT

Please let us know if we may recognize your gift as a member of the St. Peter Cathedral School Annual Fund Campaign.

□ Yes, I give permission to list my name in publications as a member of the St. Peter Cathedral School Annual Fund Campaign

       I wish my name to be listed as:

______________________________________________________________________________________________

□ No, please list me as an anonymous donor

Print Name: __________________________________ Signature:________________________________________ Date:___________

PLEASE RETURN by Mail or Fax to: St. Peter Cathedral School/ Advancement Director /310 West 6th Street /Wilmington, DE / 19801

St. Peter Cathedral School thanks you for your support...Your giving helps us continue the vision!