



CONFIDENTIAL BEQUEST GIFT INFORMATION

Contact Information

Name _____ Date of Birth _____

Spouse Name _____ Date of Birth _____

Address _____

City/State/Zip _____

Phone _____ Work Phone _____

Email _____ Parish _____

Type of Bequest

_____ Specific Amount _____ Percent of Estate (_____ %)

_____ Remainder of Estate

_____ Beneficiary of IRA, Other Retirement Account _____ Life Insurance _____ Living Trust

The amount of My/Our Bequest (or estimated/projected amount) is \$ _____

Purpose of Gift (Undesignated or Fund Designation): _____

Other Information

Attorney / Advisor Name _____

Firm's Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

_____ PLEASE INCLUDE MY/OUR NAMES(S), WITHOUT DISCLOSURE OF THE AMOUNT, AS PART OF THE KYRIE BEQUEST SOCIETY. I/WE WOULD LIKE MY/OUR NAME(S) TO BE RECORDED AS FOLLOWS:

_____ [PLEASE PRINT YOUR NAME(S) AS YOU WOULD LIKE TO BE LISTED]

_____ I/WE PREFER THE TERMS OF THIS BEQUEST GIFT TO BE ANONYMOUS.

Signature

Spouse's Signature (if applicable)

Please send this form to: The Catholic Foundation | Attention: KBS Bequest Information

Mail: 257 East Broad Street | Columbus, OH 43215 | **Email:** info@catholic-foundation.org | **Fax #:** 614-443-8894

