



LUMEN CHRISTI  
LEGACY SOCIETY

**Our parish *Lumen Christi Legacy Society Chapter* is being created to honor those who have named the parish as a beneficiary with a legacy gift.**

Membership in St. Joseph Catholic Church Lumen Christi Legacy Society Chapter is automatic for any parishioner who makes a legacy gift to our parish. We are honored to acknowledge these special benefactors. However, the amount of your intended legacy gift is never publicly disclosed. This is a commitment known only to you, your family and the parish administration.

*Please print.*

**INTENTION FORM**

Full Name: \_\_\_\_\_

Spouse's Full Name: (if applicable) \_\_\_\_\_ Street

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parish:

Write your name(s) as you would like appear on our Parish's *Lumen Christi Legacy Society Chapter* membership list, or if you choose to remain anonymous, write "Anonymous": \_\_\_\_\_

I /We have remembered \_\_\_\_\_ (parish name) as a beneficiary of one or more of the following instruments: (no minimum is required)

\_\_\_\_ Last Will and Testament \_\_\_\_ Retirement Plan \_\_\_\_ Life Insurance Policy \_\_\_\_ Real Estate

\_\_\_\_ Charitable Gift Annuity \_\_\_\_ Charitable Remainder Trust \_\_\_\_ Charitable Lead Trust \_\_\_\_

Other: \_\_\_\_\_

I/We estimate the current value of the gift is approximately \$ \_\_\_\_\_ or \_\_\_\_\_ % of the above legacy gift.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return your form to:** St. Joseph Catholic Church, 512 Buckroe Ave, Hampton, VA 23664

