



Estate Planning Form

The information in this form is considered highly confidential by the Planned Giving Office at Holy Names Academy. The information provided will be used to ensure the gift is administered as you direct.

Name(s) _____

Address _____

Phone _____ Email _____

Date(s) of Birth _____

Type of Provision

I/We have made provision for Holy Names Academy in my/our estate planning as follows:

- Bequest (will or trust)
- Beneficiary of IRA or other retirement plan
- Life Insurance
- Other (please describe): _____

Current estimated value of your future gift (if known, not required): _____

Gift Intention

Please direct the gift as follows:

- General Scholarship Endowment Fund at Holy Names Academy (Financial Aid)
- Existing Named Endowment: _____
(Note: estates cannot fund the establishment of a new named endowment.)
- Program Enhancements: _____
(Options include: science, service, music, and travel.)
- Other: _____

Recognition

- Please include me/us as a member(s) of the Holy Names Academy Legacy Society.
- I/We would like this gift to remain anonymous. Please do not list my/our name(s) as part of the Holy Names Academy Legacy Society.

This statement is an expression of my/our current plans and may be revoked. I/We understand that this statement is not legally binding on my/our estate and this information is solely for Academy use to ensure the gift is properly administered at the time it arrives.

Date _____ Signature _____

Date _____ Signature _____