



# LEGACY GIFT INTENTION

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In strict confidence, we invite you to share with us information about your legacy gift. This information allows us to honor your intention to the best of our ability at the time it is received. **We understand that this intent is revocable and can be modified by the donor at any time.**

## Legacy Gift

**This is to inform you that it is my/our intention to leave a legacy of support to:**

\_\_\_\_\_ % endowed \_\_\_\_\_ % non-endowed  
 (name of parish, endowment, Catholic school, ministry, or charity)

\_\_\_\_\_ % endowed \_\_\_\_\_ % non-endowed  
 (name of parish, endowment, Catholic school, ministry, or charity)

**This gift will be made through my/our:**

- Will    
  Charitable Remainder Trust    
  Life Insurance Policy    
  Living Trust    
  Retirement Plan Assets    
  Other

**Optional:** Current estimated value of this gift (if known) \$ \_\_\_\_\_  
*(gift amounts will never be published)*

**Additional information about my/our gift:**

\_\_\_\_\_  
 \_\_\_\_\_

## The Society of Saint Joseph

The Society of Saint Joseph honors those who have named their Parish, Catholic elementary school, the Diocese of San Jose, or any ministries of the Diocese as a beneficiary in their will or trust, retirement account or life insurance policy.

Learn more here: [cfoscc.org/societyofsaintjoseph](http://cfoscc.org/societyofsaintjoseph)

We deeply appreciate your gift and wish to acknowledge your intention in a way that is meaningful to you.

- I agree to have my/our names published on lists of legacy donors as a motivation for others to leave a legacy.  
 Please only share my/our names internally with the beneficiary (no outside publications)  
 Do not list my/our names either internally or externally (Anonymous Member)

|                           |                          |       |
|---------------------------|--------------------------|-------|
| _____                     | _____                    | _____ |
| First Donor's Signature   | Second Donor's Signature | Date  |
| Name: _____ DOB: _____    |                          |       |
| Name: _____ DOB: _____    |                          |       |
| Address: _____            |                          |       |
| Email: _____ Phone: _____ |                          |       |

Please return this completed form to [scipioni@cfoscc.org](mailto:scipioni@cfoscc.org) or 777 N. 1<sup>st</sup> Street, Suite 490, San Jose, CA 95112  
 If you need help filling out this form, please contact Carolina Scipioni at 408.995.5219 or [scipioni@cfoscc.org](mailto:scipioni@cfoscc.org)