Holy Family Parish

GIFT INTENT FORM*

0.0	, wish to make a di	fference and bring the Gospel
message of fait	th, hope and love to the generations who follow.	
Please designa	ate my/our gift for the following purpose(s):	
☐ Unrestricted	d 🗆 Other:	
□ Parish/City	7:	
The value of r	my/our commitment is estimated to be \$	
or a percentag	ge of our estate which estimates the gift to be \$	
I/we plan to l	eave this gift through:	
-	☐ IRA or Retirement Plan ☐ Life Insurance	
□ Other:		
	ete the following information:	
THUSE DEINE VOI	ur name ahove as you wish it to appear in any Holy Family pu	hlications
	ur name above as you wish it to appear in any Holy Family put	blications.
☐ Check here	if you wish your gift to be anonymous.	
☐ Check here Printed Name	if you wish your gift to be anonymous.	
□ Check here Printed Name Signature:	if you wish your gift to be anonymous.	Date:
☐ Check here Printed Name Signature: Spouse Signature	if you wish your gift to be anonymous.	Date:
☐ Check here Printed Name Signature: Spouse Signature Address:	if you wish your gift to be anonymous. :ure:ure:	Date: Date:
☐ Check here Printed Name Signature: Spouse Signature Address: City:	e if you wish your gift to be anonymous. : ure:	Date: Date: Date: Zip Code:
☐ Check here Printed Name Signature: Spouse Signatu Address: City: Home Phone:	e if you wish your gift to be anonymous. :	Date: Date: Date: Zip Code:
☐ Check here Printed Name Signature: Spouse Signature Address: City: Home Phone: Email Address	if you wish your gift to be anonymous. :	Date: Date: Date: Zip Code:
☐ Check here Printed Name Signature: Spouse Signature Address: City: Home Phone: Email Address Executor/Fina Executor/Fina	e if you wish your gift to be anonymous. :	Date: Date: Date: tte: Zip Code:

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