LEGACY GIFT PLEDGE

Signature/Title



Tax ID# 58-0967972

Date

| | | | | | 14X 1D# 30 0307372 | | |
|---|---|-------------------------|-----------------------------|------------------------|--------------------|--|--|
| made a | firm my/our desire to provid provision for a gift in my/o e to bring help and hope to | our estate plans. It is | my/our inten | t to leave a legacy gi | • | | |
| □ Will | ☐ Life Insurance Policy | □ Living Trust □ | Retirement P | lan Asset | | | |
| □ Chari | itable Remainder Trust | ☐ Donor Advised F | und 🗆 Otl | ner | | | |
| As of this date, the value of my/our gift is approximately \$ (If the gift is a percentage of your estate, please indicate percentage and approximate value of that percentage.) | | | | | | | |
| I/We understand that, by stating an amount, my/our estate is not legally bound by this statement. I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. Notification of changes or adjustments will be made to SVdP. | | | | | | | |
| GIFT DESIGNATION | | | | | | | |
| □ Area of greatest need □ This gift is to support □ St. Vincent de Paul Georgia is to receive 100% of the legacy gift above. | | | | | | | |
| □ St. V | ☐ St. Vincent de Paul Georgia is to receive % and (Conference) | | | | | | |
| is to receive | | s to receive | % of the legacy gift above. | | | | |
| Name(s | s) | | | | | | |
| Addres | S | | | | | | |
| City | | State | 7 | Zip Code | | | |
| Phone | | Email | | | | | |
| DONO | DR SIGNATURE(S) | | | | | | |
| | (-) | | | | | | |
| Cianati | ••• | | | | | | |
| Signature | | | Signature |) | | | |
| Date | | | Date | | | | |
| FOR S | ST. VINCENT DE PAUL GEORGI | A | | | | | |
| | | | | | | | |

Addendum



| ☐ I/We agree to be recognized in a published lists of legacy donors as motivation for others to leave legacy gifts to benefit St. Vincent de Paul. <i>Note: The amount of your gift will not be published and remains confidential</i> . | | | | | | |
|---|---------|----------|--|--|--|--|
| Below is the contact information for the executor or legal representative for my/our estate: | | | | | | |
| Contact | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Phone | Email | | | | | |
| It is especially helpful to have a copy of the portion of your Will, Trust or Beneficiary Designation form that pertains to your gift. In many cases, IRA and other plan administrators will not contact St. Vincent de Paul directly to inform us of your gift or to make a distribution of your assets after your lifetime. To ensure that we receive your intended gift, it is helpful for us to have contact information on file. Attached documentation provided: Notes or Special Instructions: | | | | | | |
| DONOR | NAME(S) | | | | | |
| | | | | | | |
| Name | | Name | | | | |
| Initial | | Initial | | | | |

TAX DEDUCTIBILITY

We are a 501(c)3 tax-exempt organization and your donation is tax-deductible within the guidelines of U.S. law. To claim a donation as a deduction on your U.S. taxes, please keep your donation receipt as your official record. Tax ID# 58-0967972