Mother Marie Alma LaFond Legacy Society

*Recognizing individuals who have demonstrated concern for the long-term well being of the Sisters of Charity Our Lady, Mother of the Church.*

YES, I/We want to leave a personal legacy to serve God’s people for future generations.

Please send me additional information about the following:

Bequest in my Will or Living Trust

Gifts from Retirement Plans

Life Income Gifts (Trusts)

Charitable Gift Annuity

Endowment Funds

YES, I/We accept membership into the Mother Marie Alma Lafond Legacy Society. I/We understand that no legal obligation whatsoever is created for my/our estate by the information offered below, and that information is completely confidential.

I/We have made a provision as follows:

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

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I/We wish to be listed in publications/materials (please check one)

As: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anonymous

I am/We are enclosing or forwarding a copy of the relevant page or section of my/our estate plan. I/We understand this not obligatory but helpful to the Sisters of Charity in ensuring my wishes are fulfilled.

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

Name:

Address:

Phone:

Email:

Date of Birth: