Planned Gift - Statement of Intent

This statement is an expression of my intent to provide for the future of

through	a planned or estate gift. The provision(s) made include the following:
	An outright bequest upon the passing of the donor, or the passing of the donor and spouse.
	A life insurance policy, in which is named as beneficiary or owner and beneficiary.
	Retirement account, in which is named as a beneficiary.
	A trust or annuity, with income reserved for the donor, spouse, or other income beneficiary.
	Other (please specify)
	The estimated value of my (our) gift is \$
Purpo t is my v	Se wish that the gift be used:
	At it's discretion, to create the greatest impact in our faith community by supporting its most compelling needs and opportunities.
	For the following existing fund(s) or purpose:
	To create the following fund (please provide fund name and purpose):

If your gift is directed to support an agency or designated fund, may we inform the beneficiary of your intent? Yes_____ No____

Special circumstances of my gift include:

I would like to work with the Diocese of Knoxville to create a gift agreement that details the purpose of my gift. Yes____ No____

I will provide you a co	py of my will,	policy,	trust or beneficiary	designation	and appropriate
contact information.	Yes	No			

Recognition*

The Diocese of Knoxville appreciates the opportunity to acknowledge your commitment of stewardship to our faith community by publicly recognizing your contribution. If you prefer to remain anonymous, however, we will respect your wishes.

	I (we) permit the Diocese of Knoxville to use my/our name(s) in printed lists of planned gifts, which may appear in the parish or diocesan web site and/or othe publications. When published it should appear as:						
I (we) prefer to remain anonymous during my/our lifetime(s). You may rec my/our gift after you receive it.							
	I (we) prefer to	remain anonymous during a	and after my/our lifetime(s)).			
Donor Signa	nture	Date					
Printed	Name:						
Address	S:						
City:		State:	Zip Code:				
Phone:	(H)	(W)	(C)				
email:							
Date of	Birth:						
Spouse's Sig	gnature		Date				
Printed	Name:						
Address	S:						
City:		State:	Zip Code:				
Phone:	(H)	(W)	(C)				
email:							
Date of	Birth:						

Thank you for your commitment to our faith community and your investment in its future. If you have any questions, please contact the Planned Giving Office of the Diocese of Knoxville at 865-584-3307 or dcatani@dioknox.org.