



BISHOP CHATARD HIGH SCHOOL

As evidence of my/our desire to provide a legacy of support to **Bishop Chatard High School**

I/we hereby inform you that I/we have made a provision for a gift in my/our estate plans. I/we understand that this commitment is revocable and can be modified by me/us at any time.

It is my/our intent to leave a legacy gift to **Bishop Chatard High School, Indianapolis, Indiana**, through my/our:

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

My/our gift is restricted in support of (Examples):

_____ School Endowment Fund: to ensure quality education for future generations

_____ School Tuition Assistance Fund: to ensure a Catholic education is available for future generations

I/we wish to inform you for long-term purposes only that, as of this date, the value of my/our gift is \$_____.*

(If your gift is a percentage of your estate, please indicate the approximate value of that percentage.) I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. **Bishop Chatard High School** kindly requests notification any time you make changes or adjustments to your gift.

I agree to have my/our name(s) published on lists of legacy donors as a motivation for others to leave a future gift to benefit **Bishop Chatard High School**. **(Note: The amount of your gift is not published and remains confidential)**

List your name(s) as you would like it (them) in print.

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- Please list my/our names internally only (No outside publication)
 - Do not list my/our names either internally/externally (Anonymous gift)

Donor Signature _____ Date _____

Donor Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____