



# St. Thomas Aquinas Society



## Planned Giving Form for Aquinas Catholic Schools and the Aquinas Foundation

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship with Aquinas (Alumni, Parent, Grandparent, Friend): \_\_\_\_\_

### TYPE OF GIFT

I/We have included Aquinas Catholic Schools or the Aquinas Foundation in my/our Will or Trust:

- A Specific bequest of \$ \_\_\_\_\_
- A Percentage bequest of \_\_\_\_\_ % Estimated value: \$ \_\_\_\_\_
- Charitable Trust  
Market Value \$ \_\_\_\_\_ Aquinas Interest \_\_\_\_\_ % Payout \_\_\_\_\_ %
- Other (describe): \_\_\_\_\_

I/We have made Aquinas Catholic Schools or the Aquinas Foundation the beneficiary of:

- A Life Insurance Policy: Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_  
Aquinas is (check one): \_\_\_\_\_ Primary Beneficiary \_\_\_\_\_ Secondary Beneficiary
- A Qualified Retirement Plan (IRA, 401k, 403b, etc.)  
Aquinas interest: \_\_\_\_\_ % Current market value of plan is \$ \_\_\_\_\_  
Aquinas is (check one): \_\_\_\_\_ Primary Beneficiary \_\_\_\_\_ Secondary Beneficiary
- Other (describe): \_\_\_\_\_

### PURPOSE OF GIFT

My/Our future gift is (check one):

- Unrestricted
- Restricted to the following purpose or program (please specify your intentions): \_\_\_\_\_

### DOCUMENTATION

Yes, I/We will share a copy of the portion of my/our will that applies to Aquinas Catholic Schools or the Aquinas Foundation, or the trust agreement or Change of Beneficiary Form in which Aquinas is named.

### AUTHORIZATION FOR USE OF NAME

I/We authorize Aquinas and the Aquinas Foundation to include my/our name(s) on the membership list of the St. Thomas Aquinas Society in official publications and on recognition devices. I/We understand that this authorization is limited to the use of my/our name(s) only, and that the type and amount of gift will remain strictly confidential.

I/We prefer to remain anonymous

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

I/We have not yet made a planned gift, but would like to talk with someone about the possible options.