Catholic Charities of Central Florida
A Ministry of the Diocese of Orlando

LEGACY GIFT NOTIFICATION

I/We desire to continue our support beyond our lifetime and provide for the future well-being of Catholic Charities of Central Florida through a legacy gift in my/our will and/or estate plans. I/We understand that this future commitment can be revoked or modified by me/us at any time.

The type of gift I/we have arranged is a:

- ☐ Will / Trust
- ☐ Bank / Stock Account Beneficiary
- ☐ Charitable Remainder Trust
- ☐ Life insurance policy
- ☐ Real Estate/Property
- ☐ Retirement Plan or IRA Beneficiary
- ☐ Annuity
- ☐ Other _____

I/We wish to inform you, for long-term planning purposes of the ministry listed below, that the value of the gift is approximately $_____(*optional*), or___% of my/our estate, trust or insurance policy ***(this amount is kept confidential***). I/We understand that by stating an amount my/our estate is not legally bound by this statement and that I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion.

My/Our gift will support the following ministry(ies):

- ☐ Food Assistance Ministry
- ☐ Housing Ministry
- ☐ Comprehensive Refugee Services
- ☐ Healthcare Ministry
- ☐ Behavioral Health Services
- ☐ Legal Assistance
- ☐ Financial Assistance
- ☐ Culture of Life Ministry
- ☐ All CCCF Ministries

My/Our gift is intended to be used:

- ☐ to support critical needs of the ministries listed above.
- ☐ for the specific purpose(s) of: _____

_____

- ☐ You may notify The Catholic Foundation of Central Florida about my/our future gift so that we may be recognized as members of the Vivos Christi Legacy Society - Catholic Charities Chapter.
- ☐ You may publish my/our name(s) in your list of *Vivos Christi Society* members to inspire others to leave a legacy gift.

_____
Please print name(s) as you would like it to appear.

- ☐ I/We prefer to stay anonymous and do not want my/our name(s) published as *Vivos Christi Society* members.

Print Name	Signature	Date
Print Spouse's Name	Spouse's Signature	Date

Address _____ City, State and Zip _____

(_____)_____ Primary Phone

_____ Primary Email

Thank you for providing written documentation of your intention to leave a legacy for the benefit of Catholic Charities of Central Florida. This allows us to thank you personally for your future gift and ensures that when the time comes, we understand and honor the intentions of this legacy gift. It is useful, but not mandatory, for Catholic Charities of Central Florida to receive a copy of the relevant section(s) of your will. Please include only the information that you are comfortable sharing. Your information will be kept strictly confidential.

Please send any related documents via email to dgarcia@cflcc.org or via mail to Catholic Charities of Central Florida:
1819 N Semoran Blvd, Orlando, FL 32807 • If you have any questions, call Diana Garcia at (407) 658-1818 ext. 1236