



PLANNED GIVING COMMITMENT FORM

Thank you for your planned giving commitment to Vista Maria. We ask that you complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

Name(s): _____
(As you wish it to appear in print)

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Gift Recognition:

Vista Maria will recognize donors in numerous ways, which may include publicizing names and gift amounts. Please indicate your preference below.

Please recognize this gift as anonymous

Vista Maria has permission to list this gift, at the appropriate donor level, in publications and other recognition vehicles.

Gift Information:

Please indicate your planned gift below.

Cash
Life Insurance Policy Beneficiary
Retirement Plan Beneficiary
Charitable Remainder
Donor Advised Fund (DAF)

Trust
Securities
Other: _____

The current estimated value of my/our gift is \$ _____. My/Our gift is _____% of the asset indicated above. If a percentage is given, what is the current estimated value of the percent in today's dollars \$ _____.

Gift Purpose:

Unrestricted gift to provide maximum flexibility for Vista Maria to use for greatest need.

For specific purpose: _____

Completion of this form is not intended to be legally binding, but notification of intent. Please discuss your planned giving intentions with your professional financial advisor. Vista Maria is a tax exempt nonprofit organization recognized by section 501 (c)(3) of the Internal Revenue Code. Tax ID #: 38-1359262 Your contribution is deductible to the extent as allowed by law. Vista Maria will send appropriate acknowledgement of contributions for your tax records.



Estate Contact Information:

Although optional, the following information is very helpful.

Executor, Trustee (If your gift is through a Will, Trust)

Administrating Company (ie. TIAA, Fidelity, etc., if your gift is through a retirement account or life insurance policy)

Name: _____

Name: _____

Address: _____

Address: _____

City, State: _____ Zip Code: _____

City, State: _____ Zip Code: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Additional Contact/ Relationship you may want us to know (family, attorney, etc.):

Name: _____

Relationship: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____

Email: _____

I/We understand this form does not create a binding obligation and any details about this gift will remain confidential. Vista Maria understands that the size of this future gift may change.

Signature(s): _____ **Date:** _____

Please Return Form:

Email: slesch@vistamaria.org
Sarah Lesch
Director, Fund Development

Mail: Vista Maria
20651 West Warren Ave
Dearborn Heights, MI 48127
Attn: Sarah Lesch MFD

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