

# Theresian Foundation, Inc.

*Supporting Theresians Forever*

## PLANNED GIVING FORM

The Theresian Foundation exists to provide financial support to Theresians International and to assure that the Theresian organization exists in perpetuity to enrich the lives of future generations of Theresians.

STATEMENT OF ACCEPTANCE (Please print name in the space below.)

I, \_\_\_\_\_, (please print) attest to the significant role the Five Dimensions and Theresian sisterhood have played in my life. It is my desire to create a personal legacy so the lives of other women might be enriched through membership in Theresians International long after I am gone.

By completing this form, I am confirming my commitment to be a Theresian Legacy Donor.

### TYPE OF GIFT

- \_\_\_\_\_ Bequest (Will)
- \_\_\_\_\_ Life Insurance
- \_\_\_\_\_ Charitable Remainder Trust (CRT)
- \_\_\_\_\_ Charitable Gift Annuity
- \_\_\_\_\_ Retirement Account Designation
- \_\_\_\_\_ Other (please describe): \_\_\_\_\_

**If the information provided herein should change, I agree to inform the Theresian Foundation of the change. \_\_\_\_\_ (Please initial.)**

### DONOR LISTING

- \_\_\_\_\_ I agree that recognition may be included in all Theresian Foundation and Theresian International publications. \_\_\_ Name \_\_\_ Amount \_\_\_ Both
- \_\_\_\_\_ I wish to opt out of all public recognition for my gift commitment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street or P. O. Box City State Zip

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

Please return this form to THERESIAN FOUNDATION, 1237 W. Monroe Street, Springfield, IL 62704