# CONFIDENTIAL INTENTION FORM



#### Dear Donor,

We realize that many people who plan to support Via Christi Foundation through their estate and/ or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

David Alexander President Via Christi Foundation

Phone: 316-281-5157

Email: david.alexander1@ascension.org

## Planned Gift Notification- Confidential

#### **Personal Information**

Name:			
Spouse Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Date(s) of Birth:			

### Your Gift Intention

	<u> </u>	on and attach a copy of the documentation of lable. Please complete all that apply.	r appropriate
I/We want to s		f Via Christi Foundation through a planned g	ift as
☐ I/We have	e included a bequest	for Via Christi Foundation in my/our will or li	ving trust.
☐ I/We have	e named Via Christi F	oundation as a beneficiary of an asset:	
Reti	rement Plan	Bank, Investment, or Other Financial A	Account
Life	Insurance Policy	Other:	
	e named Via Christi F ry of a charitable rem	Foundation as a revocable/irrevocable <i>(circle</i> ainder trust.	one)
-	(If possible, please in	will be approximately \$ or oclude a copy of the bequest language or oth	mer wording
•	•	f the gift provision (such as, asset to be done e used, whether gift is to create an endowm	
Yes, you may	include me/us in listir	ngs of planned gift donors.	
	,	ur name(s) to appear in our Legacy Society I ded gift will not be published):	istings.
☐ No, please do	not include me/us in	listings.	
Signature(s):			
Date:			

Return form to:
David Alexander
President
Via Christi Foundation
1100 N. St. Francis Suite 100
Wichita KS 27214

Phone: 316-281-5157 Email: david.alexander1@ascension.org