

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

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

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

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

## Deferred Letter of Intent

I/we shall establish the following deferred gift plan for the Grand Rapids Catholic Secondary Schools through the Foundation for Catholic Secondary Education, valued at:

\$ \_\_\_\_\_

### Bequest

\_\_\_\_\_ Last Will and Testament  
Dated \_\_\_\_\_

\_\_\_\_\_ Revocable Living Trust  
Dated \_\_\_\_\_

### Life Insurance

\_\_\_\_\_ One Life  
\_\_\_\_\_ Joint Life

### Gift Annuity

\_\_\_\_\_ Current  
\_\_\_\_\_ Deferred  
\_\_\_\_\_ One Life  
\_\_\_\_\_ Two Life

### Charitable Remainder Unitrust

\_\_\_\_\_ CRUT      \_\_\_\_\_ NICRUT  
\_\_\_\_\_ CRAT      \_\_\_\_\_ NICRAT  
\_\_\_\_\_ GRCSS as trustee  
\_\_\_\_\_ GRCSS as sole beneficiary  
\_\_\_\_\_ GRCSS as percentage  
Beneficiary at \_\_\_\_\_ %

This gift is designated for the following purpose:

\_\_\_\_\_ Unrestricted – General Endowment Fund

\_\_\_\_\_ To establish an endowed fund for: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**Naming or Memorial Gift Information**

If this deferred gift is to name an endowment or other naming gift opportunity, please provide the exact spelling of the name(s) as they should appear on the account and any donor recognition.

Name(s): \_\_\_\_\_

May we announce and/or publish your gift as a way of encouraging others to join you in supporting the Grand Rapids Catholic Secondary Schools?

\_\_\_\_\_ Yes.

\_\_\_\_\_ No, but my name may be identified with this gift for internal gift reporting.

\_\_\_\_\_ No, I/we desire to remain totally anonymous.

**Additional Notes and Criteria**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should another individual or entity also receive credit and acknowledgment for this gift plan?

If yes, please provide the following: \_\_\_\_\_ Spouse \_\_\_\_\_ Other

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

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

\_\_\_\_\_  
Signature of Donor Date Social Security Number

\_\_\_\_\_  
Signature of Second Donor Date Social Security Number

(Please include your social security number to help assure proper tax-deductible gift credit. Make all checks payable to the Foundation for Catholic Secondary Education.)

I certify that I am duly authorized to represent the Grand Rapids Catholic Secondary Schools and the Foundation for Catholic Secondary Education in this gift plan.

\_\_\_\_\_  
Signature of Administrator, Title Date