

St. Paul's Parish Planned Giving Enrollment and Acknowledgment Form



I/we wish to enroll in St. Paul's Planned Giving Program

Name/s _____

Address _____

Phone, Email _____

Type of Planned Giving (please check your choice/s):

_____ Bequest through my/our will

_____ Life Insurance: Name of Life Insurance Company and Policy Identification:

_____ Retirement/Pension Funds/IRA

_____ Real Estate

_____ Annuities and Trusts

_____ Current Gifts of Cash, Stocks, Bonds and Mutual Funds

_____ Other. Please specify _____

Signature _____

Date _____

Please leave your completed form at St Paul's Parish Office, or mail to St Paul's Parish, P.O. Box 278, Centreville, MD 21617

Parish Acknowledgement

Signature _____

Date _____

Hibernia Society

All participants in Planned Giving are automatically members of the Hibernia Society.