



## PLANNED GIVING INTENT FORM

Thank you for your generous commitment to The Basilica Landmark. Your legacy gift will ensure the preservation, restoration, and advancement of the historic Basilica of Saint Mary for all generations.

To help us better understand your intentions, please use this form to share whatever details of your planned gift that you feel comfortable sharing. The Basilica Landmark acknowledges that your plans may change at any time and this form does not create a binding obligation.

Your disclosed commitment of a planned gift automatically enrolls you into a special group, The Basilica Landmark Legacy Society. Members of the Legacy Society are honored each year at a celebratory brunch to thank them for their generosity.

### My/Our Information:

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Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Name (if joint gift): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

### Gift Information:

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I/We have provided for The Basilica Landmark in the following way:

- ☐ Will/Trust
- ☐ IRA or Retirement Plan
- ☐ Life Insurance Policy
- ☐ Charitable Trust
- ☐ Donor Advised Fund Beneficiary
- ☐ Payable-on-Death Bank Account Beneficiary

Gift Amount:

- ☐ **Specific Gift Amount:** \$ \_\_\_\_\_ OR
- ☐ \_\_\_\_\_% of Asset, with an estimated current value of \$ \_\_\_\_\_ OR
- ☐ \_\_\_\_\_% of Remainder of Estate, with an estimated current value of \$ \_\_\_\_\_  
(Please note that the amount is kept confidential and is used only for planning purposes)

**Gift Purpose:**

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☐ The Basilica Landmark's greatest needs

☐ A specific purpose.

If you checked specific purpose, please tell us more about your interests and intentions:

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**Gift Recognition:**

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I/We would like to be listed in the Legacy Society Donor lists. Please list my/our name as:

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☐ I/We understand that making this commitment may inspire other to do the same. I/We are willing to have this gift intention profiled in a Basilica Landmark publication.

☐ I/We would like to keep my/our name private. Please list me/us as Anonymous.

☐ I/We would like the following individuals to be notified of my gift when it is realized, and to be invited to participate in any activity recognizing this gift:

Name	Relationship	Contact Information
<hr/>	<hr/>	<hr/>
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By signing this form, you are acknowledging your current plans to support The Basilica Landmark in the future. Thank you for telling us about your gift and including The Basilica Landmark in your estate plans.

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Signature	Spouse Signature	Date

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Return this form to Sue McGuigan at the address below or email to [smcguigan@mary.org](mailto:smcguigan@mary.org).

**LEGAL NAME AND ADDRESS AND FEDERAL TAX ID**

The Basilica Landmark, 88 N 17<sup>th</sup> St, Minneapolis, MN 55403

Tax ID #41-1754864

**SAMPLE BEQUEST LANGUAGE**

"I, [name], of [city, state, zip code], give to The Basilica Landmark (Tax ID 41-1754864), 88 N 17<sup>th</sup> St, Minneapolis, MN 55403, [the amount of \$\_\_\_\_\_ or \_\_\_\_\_ percentage (%) or description of property]."