HOLY * ANGELS

AHA Legacy Society Declaration of Intent Form

I am pleased to provide a legacy of support to Academy of Holy Angels with an estate gift.

Name:	Date of Birth:
Second name (if joint gift):	Date of Birth:
Address:	
Preferred phone:	Preferred email:
The primary source of this gift is a:	
The approximate value of this gift as of today	
We appreciate any supporting documents you are For purposes of public recognition of my gift,	
Signature:	Date:
· · · · · · · · · · · · · · · · · · ·	f my/our current plans, I/we understand that this commitment is e. In addition, this commitment can be revoked or modified by

Thank you for your thoughtful support!

Academy of Holy Angels | Legacy Society 6600 Nicollet Ave S., Richfield, MN 55423

me/us at any time.

Please send this signed form to: