



ST. THOMAS SCHOOL

St. Thomas School Bequest Notification Form

Name: _____ Date of Birth: ___/___/___

Spouse's Name (if applicable): _____ Date of Birth: ___/___/___

Address: _____

Home Phone: _____ Work Phone: _____

Email address: _____

Graduation year (if applicable): _____ School Affiliation: _____
(alumni, current parent, past parent, friend, other)

My/Our will and other estate planning documents, which include a provision for St. Thomas School, were executed on: ___/___/___ . A copy of the provision is attached.

The approximate amount of my/our bequest, based on today's value, is \$ _____

Purpose/designation of gift: _____

Attorney/Advisor Name: _____ Work Phone: _____

Firm's Name: _____

Address: _____

____ I/We prefer the terms of this gift to remain anonymous.

Signature

Date

Spouse's Signature (if applicable)

Date