***Thank you for your support of St. Martin Center Inc.!***

We are deeply grateful for your generosity.

I/we are pleased to inform you that I/we have made provision for a gift to

St. Martin Center Inc. in my/our estate plans. I/we understand that this commitment can be changed by me/us at any time.

It is my/our intent to leave a legacy gift to St. Martin Center Inc. through my/our:

\_\_\_\_\_Will \_\_\_\_Living Trust \_\_\_\_ IRA/Retirement Plan Assets

\_\_\_\_\_Charitable Remainder Trust \_\_\_\_\_Life Insurance Policy \_\_\_\_Other

I/we wish to inform you for planning purposes that, as of date, the estimated value of my/our gift is:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_% of my/our estate

I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. St. Martin Center Inc. kindly requests notification any time you make changes or adjustments to your gift.

* This gift is made in honor of memory of:

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

* Please keep my donation confidential

**The information requested will help us to better understand and execute your wishes.**

|  |  |  |
| --- | --- | --- |
| First/Last Name |  |  |
| Signature |  | Date |
| First/Last Name |  |  |
| Signature |  | Date |
| Email Address |  |  |
| Phone Number |  |  |

**For questions or to return completed forms:**

Ellie Roberts

Donor Advisor

St. Martin Center Inc.

1701 Parade Street

Erie, Pa 16503

814-452-6113 X 217

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