Planned Giving Gift Pledge Form

Metro Catholic School
Legacy Society
Metro Catholic School
Empowering Dreams for over 30 Years
Advancement Office • 3555 West 54th Street • Cleveland, Ohio 44102
216.634.2854 • www.metrocatholic.org
Tax ID # 34-1574746

This Intent Form is an expression of my present plans, is subject to revocation or modification by me, and is not legally binding on my estate or myself.

I would like to make (or have already planned) a legacy gift through:
  o My Will
  o My IRA or Retirement Plan Beneficiary
  o Life Insurance Beneficiary
  o Charitable Trust
  o Other ______________________________
    Estimated Dollar Value $______________

Name: ____________________________________________
Address: ____________________________________________
City, State, Zip ______________________________
Phone Number(s): __________________________ Email: __________________________

Date of Birth: __________________________

  o By checking this box, I authorize Metro Catholic School to include my/our name(s) on the membership list of the Legacy Society in official Metro Catholic School publications and on public recognition devices. I/We understand that this authorization is limited to the use of my/our name(s) only and that they type and amount of my/our gift will remain strictly confidential.
  o I/We prefer to remain anonymous.

________________________________________
Signature

________________________________________
Date

Please return this form to:
Joseph C. Prada
Director of Advancement
Metro Catholic School
3555 West 54th Street
Cleveland OH 44102

Gratefully Acknowledged,

________________________________________
Joseph Prada

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