

St. Sebastian Parish Foundation

476 MULL AVENUE * AKRON, OHIO 44320-1299 * foundation.stsebastian.org

→ → The Arrow Society

Planned Giving - Gift Intent Form

To make a difference and bring the message of faith, hope and love to the generations who follow, I/we plan to leave this gift through: ☐ IRA or Retirement Plan ☐ Life Insurance ☐ Trust ☐ Bequest

- Bequest - Inc	ar or recommender ram	- Bire moura	_ 11ast	
☐ Other:				
Please designate my/	our gift for the following	g purpose(s):		
☐ Foundation Unrestri	cted Fund			
☐ Foundation Endown	nent/Scholarship Fund:			
☐ Other:				
Additional Information:				
Please complete the fe	ollowing information:			
Printed Name(s):				
Signature:	nature:		Date:	
Spouse Signature:		Date:		
Address:				
Home Phone:	Cell Phone:	Cell Phone:		
Email Address:				
Email Address:				
Executor/Financial Ad	visor's Name:			
Executor/Financial Ad	visor's Name:			
Please select one:				
name(s) with other Arre	ission to include your nam ow Society Members in St e(s) below as you wish it t	. Sebastian Paris		

☐ Check here if your preference is for your gift to be anonymous.

Please email the completed form to Kathy Holaday, holadayk@stsebastian.org, or send a printed copy to St. Sebastian Parish Foundation, Attn: Kathy Holaday, 476 Mull Avenue, Akron, OH 44320.

For additional information, please contact Kathy Holaday at 330-836-2233 x113