



# DIVINE PHYSICIAN LEGACY SOCIETY

*Forming Future Generations of Catholic Physicians*

## LEGACY INTENTION FORM

As of \_\_\_\_\_, I/we \_\_\_\_\_  
(Date) (Please print name or names)

am/are pleased to acknowledge that I/we have named Catholic Medical Association as a beneficiary in my/our will, retirement plan, trust, or life insurance policy.

I/We understand that this is a non-binding statement. Although I/we intend this legacy to remain in force, this document in no way constitutes a legally binding or enforceable pledge. The exact size of any legacy intention to Catholic Medical Association will be kept confidential.

Signature #1: \_\_\_\_\_

Signature #2: \_\_\_\_\_

*Optional, but very helpful to Catholic Medical Association for planning purposes:*

The estimated value of my/our gift is \$ \_\_\_\_\_; or \_\_\_\_\_% of my/our residuary estate, valued at \_\_\_\_\_ as of the date above.

Asset description (if appropriate):  
\_\_\_\_\_

I would like to designate this gift for:

- Most Urgent Needs
- Medical Missions
- Medical Student and Resident Education
- Endowment

- Some of our Legacy Society members have found it helpful to meet with an Advisor to help them plan this gift. If you would like to be referred to an Advisor, please check this box.

Submission of this Legacy Intention enrolls you as a member of CMA's Divine Physician Legacy Society. Each member will be remembered in the Masses and prayers of CMA and be invited to various special events throughout the year. Member listings will also be published from time to time in CMA's publications and website.

Please return this form and any documentation to Catholic Medical Association, 550 Pinetown Road, Suite 205, Fort Washington, PA 19034. Thank you for considering Catholic Medical Association to honor your legacy.