The All Saints’ Virginia Beach Legacy Circle

New Member Invitation

The All Saints’ Virginia Beach Legacy Circle has been established to acknowledge and graciously thank those who have made a financial commitment in their estate plans to further the ministry of All Saints’ Virginia Beach. The Circle provides an opportunity for you to give witness to your stewardship in providing for the future life and ministry of our Parish. Your participation will encourage others to make a legacy gift in their estate plan. To become a **Founding Member** in the All Saints’ Virginia Beach Legacy Circle, you will need to complete the following information by December 31, 2024.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cell Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ I confirm that I have a testamentary document: will, trust, and/or an insurance policy.

\_\_\_ I confirm that I have named All Saints’ Episcopal Church of Virginia Beach, Virginia as a

beneficiary named in such document.

Optional Information: Upon my death, the appropriate contact person (meaning, an executor named in a will, a successor trustee of a trust, an insurance advisor, etc.) is:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cell Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ You may publish my name as a member of the All Saints’ Virginia Beach Legacy Circle.

\_\_\_ I elect not to have my name published as a member of the All Saints’ Virginia Beach

Legacy Circle.

Signed:

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

Printed Name: Date

Note: Please return this completed form to the Parish Secretary (parish.admin@allsaintsvb.org)