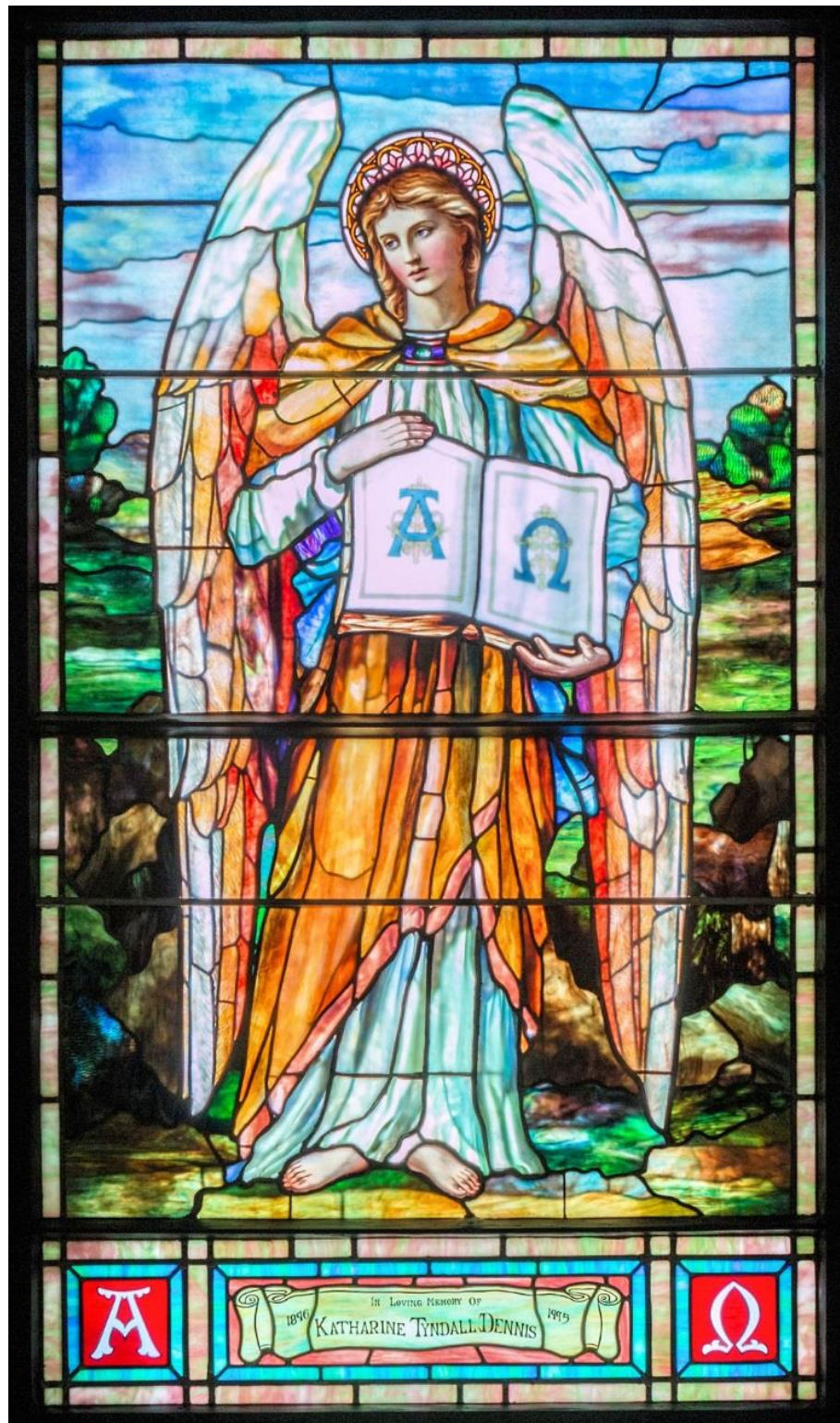


The Omega File

ST. JAMES'S LIFE-PLANNING AID FOR PARISHIONERS AND THEIR FAMILIES



*[Jesus said,] "I am the Alpha and the Omega,
the First and the Last, the Beginning and the End."
— Revelation 22:13*

The Omega File

(Revised May 2016)

TABLE OF CONTENTS

Introduction	Page 2
Personal Information	Page 3
Notification Information	Page 6
Business and Professional Information	Page 8
Location of Important Documents	Page 11
Medical Information	Page 13
Financial Information	Page 17
Funeral Information	Page 21
Planned Giving at St. James's	Page 29
Legacy Gift Form	Page 30

INTRODUCTION

THE OMEGA FILE is a planning and documentation tool for parishioners offered by St. James's to help bring peace to you and your loved ones during stressful times. Please keep this in a safe place and return only the funeral section (pages 21-26, 28) and Legacy Gift for the Future of St. James's (page 31) to the church. The Omega File is also intended to help you make provisions for your affairs as directed on page 445 of the Book of Common Prayer.

“The Minister of the Congregation is directed to instruct the people, from time to time, about the duty of Christian parents to make prudent provision for the wellbeing of their families, and of all persons to make wills, while they are in health, arranging for the disposal of their temporal goods, not neglecting, if they are able, to leave bequests for religious and charitable uses.”

This is a book for anyone who wants to make things easier for family and friends in case of emergency or death. THE OMEGA FILE is intended to help you organize and prepare documents, putting your affairs and desires in one place for your loved ones when you are otherwise unable to express them. Included are documents to help your loved ones know about your will, health care directives, organ donation desires, funeral plans, business affairs, charity intentions, and most anything else you want people to know when you are not able to tell them yourself. Included in the section “Funeral Information,” you will find the policies and application for burial of cremated remains in the St. James's Memorial Garden.

The St. James's Legacy Society has been established to recognize the stewards of St. James's who have made provisions for the future of this parish. These estate gifts to the St. James's Endowment Fund, Incorporated, include will bequests, special end-of-life gifts, or life income gifts. This group of people will be recognized periodically in appreciation for their devotion to St. James's and its ministry. If a donor prefers to remain anonymous, such a request will gladly be honored. For planning purposes, it is helpful to St. James's and the Endowment Fund to know of your plans for the future of St. James's.

Please note that THE OMEGA FILE is not a legal document, and does not take the place of a will. Put your OMEGA FILE in a safe place accessible and known to your next of kin and/or executor. Safe deposit boxes are not a good place to leave the documents that need to be used immediately. They are sealed at a person's death.

By planning and preparing for death, we honor our family and demonstrate our values by serving those individuals and organizations that have meaning in our life. Please make or update your will and give prayerful consideration to including a bequest or end-of-life gift to The St. James's Endowment Fund, Incorporated.

For more information about end-of-life planning and/or charitable giving, contact:

Suzanne Hall, Director of Stewardship and Development

St. James's Episcopal Church,

1205 West Franklin St., Richmond, VA 23220

804-355-1779, ext. 335 or shall@doers.org.

PERSONAL INFORMATION

Date of most recent information update: _____

Full Name: _____

Address: _____

Second Address (if applicable): _____

Social Security Number: _____

Home Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

Email Address: _____

Birth Date: _____

Place of Birth: _____

Citizenship: _____

Baptism Date: _____

Do you have a Will? Yes No If yes, date of last update: _____

Do you have a trust agreement? Yes No

Do you have a power of attorney? Yes No

Do you have an advance medical directive? Yes No

Do you wish to be an Organ Donor? Yes No If yes, the particulars of which are known to, or recorded at: _____

Are you entitled to Military Benefits? Yes No

Dates of Service: _____

Branch of Service: _____

Serial Number: _____

Veteran's Service Organization to contact: _____

Phone Number: _____

Spouse's Full Name: _____

Living: Yes No If No, Date of Death _____

Former Spouse: Yes No If Yes, Current Name _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Birth Date/Place: _____

Citizenship: _____

Social Security Number: _____

Does your Spouse have a Will? Yes No Last Will Executed on: _____

Deceased or Former Spouse's Full Name: _____

Date and Place of:

Marriage: _____

Death: _____

Divorce: _____

Spouse's:

Social security number: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Father's Full Name: _____

Living: Yes No

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Date of Birth/Place: _____

Mother's Full Name: _____

Living: Yes No

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Date of Birth/Place: _____

Other Living Immediate Family Members:

1) Name: _____

Relation: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Date of Birth: _____

2) Name: _____

Relation: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Date of Birth: _____

3) Name: _____
Relation: _____
Address: _____

Home Phone Number: _____
Cell Phone Number: _____
Email Address: _____
Date of Birth: _____

4) Name: _____
Relation: _____
Address: _____

Home Phone Number: _____
Cell Phone Number: _____
Email Address: _____
Date of Birth: _____

5) Name: _____
Relation: _____
Address: _____

Home Phone Number: _____
Cell Phone Number: _____
Email Address: _____
Date of Birth: _____

6) Name: _____
Relation: _____
Address: _____

Home Phone Number: _____
Cell Phone Number: _____
Email Address: _____
Date of Birth: _____

7) Name: _____
Relation: _____
Address: _____

Home Phone Number: _____
Cell Phone Number: _____
Email Address: _____
Date of Birth: _____

NOTIFICATION INFORMATION

First Person to Contact in case of Illness or Death:

Name: _____

Relation: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Second Person to Contact in case of Illness or Death:

Name: _____

Relation: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Other Persons to be Notified:

1) Name: _____

Relation: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

2) Name: _____

Relation: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

3) Name: _____

Relation: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

4) Name: _____
Relation: _____
Address: _____

Home Phone Number: _____
Cell Phone Number: _____
Email Address: _____

5) Name: _____
Relation: _____
Address: _____

Home Phone Number: _____
Cell Phone Number: _____
Email Address: _____

The following person has agreed to be guardian for my children:

Name: _____
Address: _____

Home Phone Number: _____
Cell Phone Number: _____
Email Address: _____

My children's pediatrician is:

Name: _____
Address: _____

Phone Number: _____
Cell Phone Number: _____
Email Address: _____

The following person has agreed to care for my pets:

Name: _____
Address: _____

Home Phone Number: _____
Cell Phone Number: _____
Email Address: _____
Names/Types of Pets: _____

My veterinarian is:

Name: _____
Address: _____
Phone Number: _____

BUSINESS, PROFESSIONAL AND ESTATE PLAN
CONTACTS

My Employer is:

Company Name: _____

Address: _____

Person to contact at Company: _____

Phone Number: _____ Email Address: _____

My Attorney is:

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

My Financial Advisor/Broker is:

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

My Accountant/Tax Advisor is:

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

My Banker is:

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

My Executor is:

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

My Co-Executor is:

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

My Trustee is:

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

My Power of Attorney Agent is:

Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

My Advance Medical Directive Agent is:

Name: _____

Company _____

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

My Doctors are:

1) Name: _____

Specialty: _____

Address: _____

Phone Number: _____ Email Address: _____

2) Name: _____

Specialty: _____

Address: _____

Phone Number: _____ Email Address: _____

3) Name: _____

Specialty: _____

Address: _____

Phone Number: _____ Email Address: _____

My Insurance agents/companies are:

1) Name: _____
Company: _____
Type of Insurance (health, life, disability, homeowners, car): _____
Address: _____

Phone Number: _____
Email Address: _____

2) Name: _____
Company: _____
Type of Insurance: _____
Address: _____

Phone Number: _____
Email Address: _____

3) Name: _____
Company: _____
Type of Insurance: _____
Address: _____

Phone Number: _____
Email Address: _____

4) Name: _____
Company: _____
Type of Insurance: _____
Address: _____

Phone Number: _____
Email Address: _____

5) Name: _____
Company: _____
Type of Insurance: _____
Address: _____

Phone Number: _____
Email Address: _____

LOCATION OF IMPORTANT DOCUMENTS

The following documents may be necessary in establishing rights to insurance, pensions, Social Security, ownership, relationship, etc. Indicate location for each item listed.

Code: (H) Home; (D) Safe Deposit Box; (O) Office; (A) Attorney

Document	Code	Other Location
Will		
General Durable Power of Attorney		
Durable POA for Health Care / Advance Medical Directive		
Trust Agreements		
Adoption Papers		
Military discharge papers		
Social Security card		
Medicare and Medicaid cards		
Real Estate Title		
Mortgage papers		
Inventory of household goods		
Marriage License		
Divorce Decree/Property Settlement		
Passport or Citizenship papers		
Automobile Title (First Vehicle)		
Automobile Title (Second Vehicle)		
Bank books/Checkbooks		
Bank Statements		
Tax papers for current year		
Tax returns for last 5 years		
Birth Certificate		
Survivor's pension info		
Insurance policies:		
Life		
Health		
Disability		
Automobile		
Excess Liability		
Long-term care		
Stock Certificates/investments		
Long-term care facility contract		
Keys to cars and property		
Address book/wallet/cell phone		
Other		

Type of Coverage and location of policy and cards	Company and contact information	Policy Number

Complete a copy of this page for yourself and anyone dependent on you for their medical care.

MEDICAL CONDITION

Condition	Yes	No	Condition	Yes	No
Allergies (if yes, explain below)			Asthma		
Heart failure			Hay fever		
Heart disease or attack			Sinus trouble		
Angina pectoris			Radiation therapy		
Congenital heart disease			Chemotherapy		
Heart murmur			Hepatitis A (infectious)		
High blood pressure			Hepatitis B (serum)		
Arteriosclerosis			Venereal disease		
Mitral valve prolapse			AIDS		
Artificial heart valve			HIV positive		
Heart pacemaker			Blood transfusions		
Heart surgery			Hemophilia		
Rheumatic fever			Anemia		
Arthritis			Sickle cell disease		
Rheumatism			Liver disease		
Cortisone medicine			Yellow jaundice		
Drug or alcohol dependency			Epilepsy or seizures		

Stroke			Fainting or dizzy spells		
Artificial joints			Nervous disorders		
Kidney trouble			Tumors		
Ulcers			Developmental disability		
Diabetes			Mental illness		
Thyroid problems			Special diet		
Glaucoma			Weight gain or loss over 10#		
Cancer			Pregnant		
Emphysema			Nursing		
Chronic cough			Taking birth control pills		
Tuberculosis			Other		
Cataracts			Deafness/hearing aids		
Other					

Immunizations:	Date:

Describe any illnesses, surgeries, treatments or circumstances which should be known to anyone providing you medical care.

MEDICAL HISTORY

List any medical history of parents and grandparents which could benefit your children or siblings with their medical care. This information should include ages and cause of deaths as well as possible hereditary, congenital or unusual medical problems or abnormalities.

MEDICAL HISTORY

Name and Relationship	Current Health	Date/ Age at Death	Medical Information or Cause of Death	Beneficiary
Father				
Mother				
Maternal Grandmother				
Maternal Grandfather				
Paternal Grandmother				
Paternal Grandfather				
Sibling				
Sibling				

FINANCIAL INFORMATION

ASSETS - BANKING AND INVESTMENT ACCOUNTS

Name/Financial Institution	Account Number	Contact Name	Contact Number
Checking Accounts:			
Savings Accounts:			
Money Markets/CDs:			
Stocks:			
Bonds:			
Mutual Funds:			
IRAs/Keogh:			
Pension Plans:			
Trusts:			

LIABILITIES

Loan	Lien Holder	Original Amount	Term	Begin Date	End Date
Home Mortgage					
Auto					
Bank					
Other					

CREDIT CARDS

Company	Visa, MC, Other	Account Number	Expiration Date	Pin Number

Do you have identity theft insurance on your credit cards?

Policy number: _____ **Contact:** _____ **Phone #:** _____

DEBIT CARDS

Bank/ Company	Account Number	Expiration Date	Pin Number

Credit cards and loans which carry insurance on balance in case of death:

Persons dependent on you for support (name, type, amount, and contact information): _____

Bank Accounts and Credit Cards that have automatic payments deducted:

Bank or Card	Account Number	Purpose/Payee	Frequency	Amount

Bank Accounts that have automatic deposits made:

Bank	Account Number	Purpose/Payee	Frequency	Amount

FUNERAL INFORMATION

Please mail or deliver a signed copy of this section to:

The Rector
St. James's Episcopal Church
1205 West Franklin Street
Richmond, VA 23220

Date: _____

My Name: _____

Address: _____

Telephone and email: _____

Medical directives you would like to make known to the clergy of St. James's: _____

Location of advance plans for my funeral and burial: _____

The first person to notify of my illness or death:

Name: _____

Address: _____

Telephone and email: _____

The person responsible for making plans for my funeral and burial:

Name: _____

Address: _____

Telephone and email: _____

Funeral director:

Name: _____

Address: _____

Telephone and email: _____

I have made the following arrangements with this funeral director on (date): _____

I am to be an organ donor: Yes No, the particulars of which are known to, or recorded at:

Cremation:

Do you wish to be cremated? Yes No.

If yes, where do you wish to be buried?

In St. James's Memorial Garden? Yes

If Yes, what do you wish to have written in the Memorial Book of Remembrance?

Who will be responsible to pay the fee for interment (\$1,200)?

If you do not wish your ashes to be buried at St. James's, where do you wish to be buried?

My ashes are to be buried or disposed of in the following manner (Note: Cremation does not affect the nature of service or the place of burial.): _____

Coffin:

If you do not wish to be cremated, where would you like to be buried?

The legal description of my cemetery lot is: _____

Coffin specifications: least expensive mid-range elaborate

My wishes for the headstone, ground plaque, and epitaph are: _____

I do do not wish to have my coffin open when my friends visit.

I would like to have visitors received at my home, the funeral home, or here:

MY FUNERAL SERVICE

If it pleases my family I would like the following type of funeral service:

Rite I or Rite II

Burial Office only to be read

Burial Office and Eucharist

Church service with burial immediately following for family and friends

Church service for family and friends with private burial later for family only

Memorial service in church with burial either public or private as my family prefers

Graveside service only

Other requests: _____

Scripture Readings and Hymns (for most, one of each will suffice):

Suggestions From the Old Testament

- Isaiah 25:6-9 (“He will swallow up death for ever...”)
- Isaiah 61:1-3 (“To comfort those who mourn...”)
- Lamentations 3:22-26,31-33 (“The Lord is good to those who wait for him...”)
- Wisdom 3:1-5,9 (“The souls of the righteous are in the hands of God...”)
- Job 19:21-27a (“I know that my Redeemer lives...”)
- Other: _____

Suggested Psalms to follow the Old Testament: 42:1-7 46 90:1-12 121 130

139:1-11 Other: _____

Suggestions From the New Testament

- Romans 8:14-19,34-35,37-39 (“The glory that shall be revealed...”)
- Corinthians 15:20-26,35-38,42-44,53-58 (“The imperishable body...”)
- 2 Corinthians 4:16--5:9 (“Things that are unseen are eternal...”)
- 1 John 3:1-2 (“We shall be like him...”)
- Revelation 7:9-17 (“God will wipe away every tear...”)
- Revelation 21:2-7 (“Behold, I make all things new...”)
- Other: _____

Suggested Psalms to follow the New Testament: 23 27 106:1-5 116

Other: _____

Suggestions From The Gospel

- John 5:24-27 (“He who believes has everlasting life...”)
- John 6:37-40 (“All that the Father gives me will come to me...”)
- John 10:11-16 (“I am the good shepherd...”)
- John 11:21-27 (“I am the resurrection and the life...”)
- John 14:1-6 (“In my Father's house are many rooms...”)
- Other: _____

Suggestions for Hymns:

- | | |
|--|--|
| 179 – “Welcome, happy morning” | 555 – “Lead on, O King eternal” |
| 208 – “The strife is o’er” | 561 – “Stand up, stand up, for Jesus” |
| 287 – “For all the saints” | 562 – “Onward Christian soldiers” |
| 293 – “I sing a song of the saints of God” | 579 – “Almighty Father, strong to save” |
| 304 – “I come with joy to meet my Lord” | 608 – “Eternal Father, strong to save” |
| 405 – “All things bright and beautiful” | 625 – “Ye holy angels bright” |
| 416 – “For the beauty of the earth” | 645 – “The King of love my shepherd is” |
| 482 – “Lord of all hopefulness” | 657 – “Love divine, all loves excelling” |
| 518 – “Christ is made the sure foundation” | 671 – “Amazing grace” |
| 522 – “Glorious things of Thee are spoken” | 680 – “O God, our help in ages past” |
| Other: _____ | |

Service Participants:

I would like the following clergy to officiate and/or assist at my service: _____

If it suits my family, I would like the following people (8) to be invited to be pallbearers:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

You may want to offer suggestions for some of the participants in the church service. If not, the church will gladly have trained parishioners to take care of these for you.

Crucifer (1) _____

Acolytes (2) _____

Readers (1, 2 or 3) _____

Lay Eucharistic Minister _____

Ushers _____

Other:

On my casket at the grave, please use the: Church's pall
 American flag fresh flowers evergreens in a blanket.

In lieu of flowers, I would like memorial gifts in my name to:

Special requests to my church and my clergy: _____

My obituary should be in the following newspapers: _____

MEMORIAL GARDEN

SEE DOERS.ORG FOR FULL TERMS AND CONDITIONS FOR THE
BURIAL OF CREMATED REMAINS IN THE ST. JAMES'S MEMORIAL GARDEN
(MOST RECENT POLICY REVISION May 16, 2016)

The Memorial Garden at St. James's Episcopal Church is a means for the burial of cremated remains. The Rector, Vestry, and Wardens of the church have full custody and control of the Garden and its use.

The Garden is restricted to the burial of cremated human remains. The cremated remains are buried directly and incorporated completely in the earth. After burial, the remains will not be recoverable, nor will they be preserved in any manner.

The cremated remains can only be those of Church members, the immediate families of Church members, former Church members, and others designated by the Rector as may be pastorally appropriate. Arrangements for the interment of ashes and for funeral or memorial services need to be made directly with the Rector.

The current requested fee for interment is \$1,200.00, set by the Vestry. The fee includes: the interment of ashes, engraving the stone marker, creating a page in the Book of Remembrance, and the perpetual care of the garden. Gifts as memorials honoring the deceased will always be welcome as an additional means of ensuring the long term care of the Garden. Except for the stone markers, no memorial, permanent or temporary, is permitted to be placed in the Garden. All elements of the Memorial Garden become and remain the exclusive property of St. James's Episcopal Church.

Those who seek the interment of ashes in the Garden may make requests at the time of need by the next of kin or by pre-arrangement completing the form in THE OMEGA FILE and submitting two copies to the Office of the Rector.

**APPLICATION FOR
THE BURIAL OF CREMATED REMAINS
IN THE MEMORIAL GARDEN AT
ST. JAMES'S EPISCOPAL CHURCH**

I hereby request the burial of the cremated remains of

(Full name of individual whose remains are to be buried)

(Place and date of birth of the individual named above)

Attached hereto is a donation of \$_____.

I have read and understand the
Vestry Policy for the Terms and Conditions for the Burial of Cremated Remains in the
St. James's Memorial Garden.

I accept these terms and conditions.

(Signature of applicant/donor)

(Signature of witness)

ACCEPTANCE OF APPLICATION

St. James's Episcopal Church acknowledges receipt of the above application and the sum of \$_____. Permission is hereby granted for the burial of the cremated remains of the individual named above under the Terms and Conditions of the vestry for the terms and conditions referenced above.

For St. James's Episcopal Church:

(Signature)

(Title)

(Date)

PLANNED GIVING AT ST. JAMES'S

What is the St. James's Endowment Fund?

The St. James's Endowment Fund, Incorporated, a nonprofit corporation, was established by the St. James's Vestry in 1957. Income from the Endowment Fund is available for:

- Capital needs of the Church
- Outreach ministries, grants and programs of the Church
- Seed money for new ministries and special one-time projects or expenses
- Such other purposes as are specifically designated by donors

It is the policy of the St. James's Endowment Fund Trustees and the St. James's Vestry that the income of the Endowment Fund will not be used for general operating expenses.

What is the St. James's Whitlock Legacy Society?

The Whitlock Legacy Society is named in honor of Elizabeth Whitlock, who left a gift of \$5,000 to St. James's upon her death in 1930. This was the first bequest to St. James's. The Whitlock Legacy Society provides a means of recognizing the stewards of St. James's who have made provisions for the future of this parish by arranging a Will bequest or other end of life gift to the St. James's Endowment Fund or by making an outright gift to the Endowment Fund during their lifetime. These gifts can be for any amount, and the donors will be a part of the Whitlock Legacy Society as soon as they make known their plans to donate such a gift. This group of people will be recognized annually in appreciation for their devotion to St. James's and their faith in this parish. If a donor prefers, the gift will remain anonymous. As we plan for the future, it is helpful to St. James's and the Endowment Fund to know of your plans for the future of St. James's.

St. James's is dedicated to helping each person achieve a closer relationship with God through a deeper understanding of God's love. By building on the foundation of our church and giving to benefit future generations, we practice responsible stewardship of all that God has entrusted to us.

How do I make a gift to the St. James's Endowment Fund?

First you should contact your attorney or financial advisor. Guidance and referrals are also available from the Stewardship and Development office at St. James's. St. James's is not engaged in providing legal or tax advice. The ways to give include:

- **Outright Lifetime Gifts** of cash, securities or other valuables.
- **Bequests** are made by naming St. James's Endowment Fund, Incorporated, as a beneficiary in your Will, codicil, or trust agreement.
- **Life Insurance** policies may name St. James's Endowment Fund, Incorporated, as beneficiary and as the owner for which you pay the premiums.
- **Charitable Gift Annuity** guarantees a fixed annual payment to the donor or designee for life in exchange for the donor's transfer of a certain amount of cash or securities to the church. The asset is an immediate tax deduction, and a part of the income received by the donor each year may be tax free.
- **Charitable Remainder Trust** allows the donor to transfer appreciated assets to the trust and receive a charitable income or estate tax deduction. An annuity or unit trust amount is paid to an individual beneficiary for a term of years or until death at which time the assets are distributed to St. James's Endowment Fund free of estate taxes.
- **Charitable Lead Trust** allows the donor to provide for the Endowment Fund for a predetermined number of years. At the end of the period, the assets will pass to the donor's designee at a reduced gift tax rate.
- **Retirement Plan Benefits and IRAs** designating the St. James's Endowment Fund, Incorporated, as beneficiary will pass funds to the Endowment Fund free of income tax and estate tax.

Where can I get more information about planned giving? Contact Suzanne Hall, Director of Stewardship and Development at St. James's, 355-1779, ext. 335 or shall@doers.org.

LEGACY GIFT FOR THE FUTURE OF ST. JAMES'S

TO: St. James's Episcopal Church and The St. James's Endowment Fund, Incorporated

FROM: _____

A. I am pleased to make known my legacy gift for the future life and ministry at St. James's which will be made to the St. James's Endowment Fund, Incorporated. My gift is one of the following (Please check appropriate box):

A will bequest or trust distribution naming St. James's Endowment Fund, Incorporated, as a beneficiary in my will dated _____ or in a codicil to my will dated _____.

I estimate today's value of the bequest to be \$_____.

Another type of planned gift as described below.

the value or estimated value of this planned gift to the Endowment Fund is:

\$_____

B. The people of St. James's Episcopal Church and the St. James's Endowment Fund, Incorporated, are grateful for your legacy gift to St. James's. In appreciation of your generosity and devotion, we would like to recognize you as a member of the St. James's Legacy Society. Please initial on the appropriate line:

_____ I give permission to include my name only on a list of donors and on a St. James's Legacy Society commemorative plaque

_____ I would prefer that my gift remain anonymous

Signature: _____ Date: _____

This information will remain confidential.

It will be acknowledged and a copy of this form returned to you for your files.

Please return a signed copy of this to:

Suzanne Hall, Director of Stewardship and Development
St. James's Episcopal Church
1205 West Franklin Street
Richmond, VA 23220



St. James's Episcopal Church

1205 W. Franklin Street | Richmond, Virginia 23220 | (804) 355-1779 | www.doers.org