

PLANNED GIFT ENROLLMENT FORM

Please verify the following information:

Donor information:

Mr. Mrs. Miss Ms.

First Name: _____ M. I. _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone #: _____

Birth date: _____ E-mail address: _____

Spouse information:

Mr. Mrs. Miss Ms.

First Name: _____ M. I. _____ Last Name: _____

Telephone #: _____

Birth date: _____ E-mail address: _____

Gift information:

Type of Gift: Bequest Gift Annuity POD IRA Real Estate
 Trust Unitrust Insurance Endowment

Amount of Gift: \$_____ or _____% (Please estimate if specific amount is not known)

Revocable Irrevocable

I/we are providing a copy of our will, trust or other documents related to this gift.

Donor(s) Signature(s) _____

Signature of Ministry Advancement Officer

Date

Signature of Director of Constituent Services

Date