



# FEDERATION OF CHRISTIAN MINISTRIES PERMANENT ENDOWMENT FUND

## Estate Plan Intention and Designation of Gift Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

### Designation of Gift

On this \_\_\_ day of \_\_\_\_\_ 20\_\_, I/we are pleased to inform you that my/our Estate Planning Document(s) includes a provision for the Federation of Christian Ministries Endowment Fund. A copy of the Document is attached for your reference.

I/We designate our gift to the following fund(s):

- Unrestricted Gift
- Memorial Named Fund (\$10,000 and above)
- Legacy Named Fund (\$25,000 and above)



My/Our gift is made (check one if applicable):

In honor of \_\_\_\_\_ OR  In memory of \_\_\_\_\_

### Gift Type

- Specific Amount     Percent of Estate (\_\_\_\_%)     Gift of residue     Other
- Revocable     Non-revocable

Comments: \_\_\_\_\_