

Donor Declaration

It is my/our pleasure to inform you of my/our desire to provide a planned gift to the St. Matthew's Permanent Endowment through my/our estate plan, as described below.

Donor name		Date of Birth	Email Address		
Donor name		Date of Birth	Email Address		
Mailing address	City	State	Zip	Preferred phone	
Type of Gift: ☐ Will or Trust ☐ Life Insurance ☐ Cash or Securities	☐ IRA, retirement or investment account(s)☐ Charitable Remainder Trust☐ Other				
I/we designate this plar	ned gift to	(please choose o	ne or mo	ore of the following):	
☐ Unrestricted Perma Church leaders		vment Fund s planned gift for any r		% of planned gift] mission	
☐ Kitti Coffey Scholars Grant support for	•	and education of our		% of planned gift] taff (except senior pastor)	
For planning purposes, t	he estimat	ed value of my/ou	ır gift as	of this date is \$	
This declaration of a pla right to change or revok	_	_			
Donor signature	 Donor si	gnature (if joint gift)	Date	2	

To provide an acknowledgement of your g executor of your estate (if applicable):	ift upon receipt, please list the beneficiary/				
Family Member/Beneficiary/Executor Name	Phone number				
Email address	Relationship to Donor				
Gift recognition:					
All gift amounts are confidential. I/we request my/our name(s) remain confidential.					