



St. Michael's Episcopal Church

Statement of Trust, Bequest, or other Planned Gift

Thank you for your decision to include the St. Michael's Episcopal Church in your will, trust or other planned gift. Because it may be years or decades before your gift comes to the church, we ask for the information below to ensure the church can know and follow your wishes and to efficiently and properly administer your gift. All information will be stored in confidence in the church's permanent records.

Name: _____

Street Address: _____

City, State, ZIP Code: _____

Email address: _____

Phone: _____

Connection to St. Michael's: _____

I have made a gift for St. Michael's Episcopal Church, Arlington, in my (please select one)¹ that was signed or completed on _____ (date):

- Will Trust Charitable Gift Annuity
- Life Insurance (please specify company and policy below in "other")
- IRA (or other retirement Plan) Real Estate
- Other: _____

Please specify A, B, C or D

ESTIMATED AMOUNT

- A. Specific dollar amount: \$ _____
- B. _____ % of my plan circled above estimated to be: \$ _____
- C. The remainder of my estate: \$ _____
- D. A gift of _____ contingent on the following:

My gift will be (please check one):

Unrestricted or Restricted for _____

¹ If you have made a planned gift in more than one way, please use a separate form for each planned gift.

My gift (circle one) honors / is in memory of: _____

who is my (relationship): _____

To properly record this value for audit purposes, and to ensure your gift is handled exactly according to your wishes, please indicate your birth date(s) here _____ and attach a copy of the page(s) of the pertinent language of your will, trust or instrument creating your gift. If you amend your plans or there is a significant change in the above information, please let us know so we may keep our records accurate.

Thank you for your gift.

Signature _____ **Date** _____

Optional:

You may wish to let us know the names and contact information of your attorney or advisor so we may communicate with him or her during the administration of the gift:

When your gift is completed and fully disbursed, we would like to acknowledge your gift and let your family or friends know of our gratefulness for your generosity. Please provide as much information as possible so we may locate and contact them:

If you wish to remain anonymous please state so here: _____

If you do not wish to remain anonymous, and would like to be remembered or recognized in a certain way, please let us know by expressing your wishes here:

