

CONFIDENTIAL INTENTION OF PLANNED GIVING

"See to it that you excel in the Grace of Giving" -Cointhians 8:7

Name(s)		
Street Address	City, State	Zip Code
Telephone	E-mail	
Date(s) of Birth		
Signature(s)		Date
I/we have made provisions for a planned gift in m	ny/our estate or financial p	lan:
The type of gift arrangement(s) I/we have is check	ked below: (check all that	apply)
Revocable Plans:	<u>Irrevocable Pl</u>	ans:
 □ Will bequest □ Revocable Trust distribution □ Life Insurance beneficiary □ IRA, Annuity or Retirement Plan beneficiary □ Other: 	🖵 Gift Annu	Remainder Trust nt Fund
☐ Estimated current value of my/our planned gift ☐ My/our plans <i>have not</i> been completed. I/we is estate, insurance and/or financial plan. Please of	ntend to also remember C	
 This form verifies the requested information about For Will(s) or Trust(s): copy of the cover page or charitable distribution clause naming Chr 	ge, signature page and pag	e(s) containing the bequest

- For revocable insurance gifts please provide a copy of the policy summary facts page, latest annual statement and beneficiary form.
- For gifts designations from retirement accounts (such as an IRA, TSA, 401K or other deferred retirement annuity) please share a copy of the beneficiary form and latest account statement.

Please complete the information above and return with appropriate attachments to COFA's Christian Gift Giving Counselor, Ray Pagels, at ray.pagels@lfnd.org. or mail to Ray Pagels

402 W. Ladd Street

Arlington Heights, IL 60004