



Declaration of Intent

Thank you for your intention to include the **Georgia United Methodist Foundation** in your estate plan. Please complete this form to document your future gift intention. Any information about your gift will remain confidential and does not create a binding obligation.

New Intention

Updated Intention

My/Our Information:

Name (print): _____ Spouse's name (if joint gift): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Gift Information:

I/We have provided a gift to the **Georgia United Methodist Foundation** as set forth in my/our:

Will or Trust

Charitable Gift Annuity

Life Insurance Policy

Charitable Remainder Unitrust

Other Asset(s) (please describe): _____

Retirement Plan or Beneficiary Designation
(401(k), 403(B), IRA, Keogh, Brokerage Account)

The current estimated value of my/our gift is \$_____. My/Our gift is _____% of the asset(s) indicated above. If a percentage is given, the current estimated value of the percent in today's dollars is: \$_____.

Gift Purpose:

It is my/our intention that the **Georgia United Methodist Foundation** use this future gift for ... Briefly describe the intent of this gift. For example: is this gift designated to a current fund at the Foundation? Or is this gift intended to establish a new endowed fund in support of a church or organization?

Recognition:

Please let us know if your gift intention can be recognized or if you prefer no public recognition:

I/We prefer no public recognition Please list my/our name(s) as follows:

Estate Contact Information: Although optional, the following information is very helpful:

Executor/Trustee (if your gift is through a will, trust): **Administrating Company (i.e. TIAA, Fidelity, etc. if your gift is through a retirement account or life insurance policy):**

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Additional Contact/Relationship you may want us to know (family, attorney, etc.)

Name: _____	Relationship: _____
Address: _____	City: _____ State: _____ Zip Code: _____
Phone: _____	Email: _____

I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. Furthermore, it is understood that the size of my/our future gift may change.

Signature: _____

Second Signature (if joint): _____

Date: _____

Please return this form to the:

Georgia United Methodist Foundation, PO Box 922087, Peachtree Corners, GA 30010-2087