

Notification of Intent - Legacy Fund Planned Gift

Tax ID or EIN: 34-0714401
76 Bell Street, Chagrin Falls 44022
440-247-6490
fedchurch@fedchurch.org

I believe in The Federated Church's vision:

Donor Name (please print):

With Christ at our center and surrounded by God's abundant love and grace, Federated Church thrives as a dynamic faith community for this generation and the next by: Engaging in extravagant invitation, welcome and inclusion, Fostering faith formation, Bringing forth transformational ministries, and Sharing our story.

As evidence of my desire to provide a legacy of support to the church, I hereby inform The Federated Church that I have made provision for a gift to The Federated Church's Legacy Fund – its endowment fund - in my estate plan.

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Gift Designation, if other than the church's Legacy Fund:
I have made provision(s) to benefit The Federated Church in the following manner:
Provision in my will or revocable living trust
Beneficiary designation in life insurance policy
Beneficiary designation in my retirement plan (401(k), IRA, 403(b)) or Brokerage Account
Other Asset:
The current estimated value of my/our gift is \$
My/Our gift is% of the asset checkmarked above. If a percentage is given, what is the current estimated value of the percent in today's dollars \$ * All benefits will be made payable to The Federated Church.
* I understand that by providing a current estimate of my estate gift, my estate is not legally bound by this statement and that I may choose to add, subtract, or revoke my estate gift at any time, in my sole and absolute discretion.
Recognition:
Information about the gift should be treated as <i>confidential</i> and <i>not listed</i> in any reports.

Estate Contact Information (alth	lough optional, the following informat	ion is very helpful):
Executor, Trustee (if your gift is	through a Will, Trust):	
Name:		
Address:		
City, State:	Zip Code:	
Phone:		
Email:		
Administering Company (e.g., Tl. insurance policy):	AA, Fidelity, etc., if your gift is through	a retirement account or life
Company Name:		
Address:		
City, State:	Zip Code:	
Phone:		
Email:		
Additional Contact/Relationship	you may want us to know (family, atte	orney, etc.)
Name:	Relation:	
Address:		
Phone:	Email:	
Donor Signature		Date
ACKNOWLEDGEMENT The undersigned, being an office Intent - Legacy Fund Planned Gif	er of The Federated Church, does here ft.	by acknowledge this Notification o
Melissa Owen, Senior Director o	f People and Operations	Date
For Office Use: Date Realm filed	d Date Permanen	t Record Book filed