LINWORTH UNITED METHODIST CHURCH DONATION / GIFT FORM - STRICTLY CONFIDENTIAL

Donor(s) Name(s):			
Mailing Address:			
	Home	Mobile	Work
Telephone Donor(s)			
Email Donor(s)			
Do you wish to make a	isms of donation/gifting: I donation to the Endow The amount or % you are	/ment Fund? Circle:	
•	-		
Mis Pro	ne area(s) to which you vession Fund operty/physical Facilities neral Endowment Fund her (specify)	\$ Fund \$	
Do you wish to make a	donation to the Gifts 8	Memorial Fund? C	ircle: Yes No
•	he amount or % you are		
Mis Fac Mu	ne area(s) to which you vesion Fund cilities Fund asic Fund ner (specify)	wish to donate and amo \$ \$ \$ \$	ount or % in each: % % % % %
Ca Se Wil Tru Life Re	curities (expected II	receipt date receipt date	
This form will serve a planned giving.	s your notification to L	UMC that you have in	ncluded LUMC in your long term
If you wish to state a	restriction or condition	on your donation/giff	t, please provide that information
-	gnize your donation/gi es No	ft in some form to end	courage others to give?
Signature of Donor(s) and date:		

LUMC acknowledges that this form is non-binding and your Donations / Gifts to LUMC remain fully revocable.