



**EPISCOPAL  
COMMUNITY  
FOUNDATION**  
FOR MIDDLE AND NORTH GEORGIA

Please return this form to:  
Lindsey Hardegree  
Episcopal Community Foundation for Middle and North Georgia  
2744 Peachtree RD NW  
Atlanta, GA 30305

### Intent to Give

I/we \_\_\_\_\_ confirm I/we have made provision in our estate plan the Episcopal Community Foundation for Middle and North Georgia. I believe today's value of this gift to be \_\_\_\_\_ (\$ or % of account). \* This gift shall be used to support (**must total 100%**):

\_\_\_\_\_ % towards Episcopal Community Foundation for Middle and North Georgia (minimum of 33% to support outreach efforts with the poor and oppressed throughout the Diocese of Atlanta)

Optional: parishes, worshipping communities, and diocesan ministries:

\_\_\_\_\_ % towards \_\_\_\_\_

\_\_\_\_\_ % towards \_\_\_\_\_

\_\_\_\_\_ % towards \_\_\_\_\_

\_\_\_\_\_ % towards the Episcopal Diocese of Atlanta

***Wording for Gifts:** It is important to use the exact language to name a parish or institution as beneficiary for any form of estate provision. Please check with the beneficiary you have chosen to get the correct name (if you need assistance with this, please contact Lindsey Hardegree at 404.601.5362 or LHardegree@episcopalatlanta.org).*

This commitment has been made through the following means:

- Through a bequest in my will
- Through a gift of appreciated securities
- Through an insurance policy or will substitute
- By designating a portion of a retirement account/commercial annuity
- Other: \_\_\_\_\_
- Through an existing charitable gift annuity
- I would like to set up a charitable gift annuity

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

- I/we would like to be listed as a legacy giving donor (please print how you wish your name(s) to appear): \_\_\_\_\_
- I/we wish for this gift to remain anonymous.

\* Subject to change based on current market value at the time the gift is realized.