

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

| | confirm I/we have made provision in ate plan the Episcopal Community Foundation for Middle and North Georgia. I believe today's value of |
|------------------|--|
| | t 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 10% 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 co | mmitment has been made through the following means: Through a bequest in my will Through a gift of appreciated securities I would like to set up a charitable gift annuity Through an insurance policy or will substitute By designating a portion of a retirement account/commercial annuity |
| | Other: |
| 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): |

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