



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

Please mail this form with original signatures to:

Episcopal Community Foundation for
Middle and North Georgia
2744 Peachtree RD NW
Atlanta, GA 30305

You may also email a copy to ECF@episcopalatlanta.org

Intent to Give

I/we _____ confirm I/we have made
provision in my/our estate plan for the Episcopal Community Foundation for Middle
and North Georgia. I/we believe today's value for this gift to be _____

*[\$ or % of account].** This gift shall be used to support:

_____ % towards Episcopal Community Foundation for Middle and North Georgia
*recommend 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 _____

All percentages must total 100%

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).*

Legal Name: Protestant Episcopal Church in the Diocese of Atlanta d/b/a Episcopal
Community Foundation for Middle and North Georgia

Taxpayer ID: 58-0572411

Mailing Address: 2744 Peachtree RD NW, Atlanta, GA 30305

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

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

Each person listed as a donor for this Intent to Give should sign below.

Donor Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Donor Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Mailing Address: _____

- I/we would like to be listed as a legacy giving donor.

Please print how you wish for your name(s) to appear.

- I/we wish for this gift to remain anonymous.

In addition to recognition with parishes and ministries listed in this form, you will be recognized a part of the Bishop C. Judson Child Heritage Circle, a faithful group of individuals who have expressed their commitment to bring the Good News of Christ to future generations in our communities and the world by providing in their estate plans for the life and ministry of the Episcopal churches and institutions with the Diocese of Atlanta.