



ST. MATTHEW'S UNITED METHODIST CHURCH
ENDOWMENT PROGRAM
LEGACY SOCIETY MEMBERSHIP RECORD

Date Submitted by Donor: _____

This record shall be maintained in strict confidence by the Endowment Committee.

Part One - Donor Information

Donor Name: _____ Date of Birth: _____
Spouse Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Main Phone _____ Alternate Phone _____
Email Address _____

Part Two - Gift Information

Gift Type: [] Bequest [] Life Insurance [] Trust [] Other
Other Gift Information _____
Current Gift Amount/Value: \$ _____
Do you wish to designate this gift for a specific purpose? (Please identify) Yes [] No []
Donor Signature(s): _____

Part Three - Other Information

Are you able to provide St. Matthews' UMC with documentation of your gift which shall be held in strictest confidence? Yes [] No []
Are you willing to allow your name(s) to appear on an "Endowment Program" plaque or in other forms which celebrate and recognize your generous and welcomed gift to the Endowment Program at St. Matthews? Yes [] No [] Please initial: _____
Other Comments: _____

For Endowment Committee Use Only:

Date Received by Committee: _____ Date Accepted by Committee: _____
Further Action: _____
Authorizing Signature: _____
Printed Name: _____ Title: _____