

COVENANT UNITED CHURCH OF CHRIST BENEFACTOR FORM

I have become a Benefactor to the Covenant United Church of Christ Endowment Fund:

Name: _____

(Please print or type name as you wish it to appear on the Benefactor certificate)

Street/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Telephone: (home) _____ (business) _____ (cell) _____

E-mail address: _____ Giving Number: _____

I designate that the spending portion of my gift will be applied:

_____ For general use; or

_____ For specific use as follows: (see back of form for information) _____

My Benefactor commitment to the Covenant United Church of Christ Endowment Fund will be funded by one of the following Giving Methods:

_____ Outright Gifts	Amount: \$ _____	or	Percentage: _____
_____ Bequest by Will or Trust	Amount: \$ _____	or	Percentage: _____
_____ Bank Account	Amount: \$ _____	or	Percentage: _____
_____ Stock Transfer	Amount: \$ _____	or	Percentage: _____
_____ Life Income Gifts	Amount: \$ _____	or	Percentage: _____
_____ Charitable Gift Annuity	Amount: \$ _____	or	Percentage: _____
_____ Charitable Remainder Trust	Amount: \$ _____	or	Percentage: _____
_____ Pooled Income Fund	Amount: \$ _____	or	Percentage: _____
_____ Life Insurance	Amount: \$ _____	or	Percentage: _____
_____ Retirement Assets	Amount: \$ _____	or	Percentage: _____
_____ Charitable Lead Trust	Amount: \$ _____	or	Percentage: _____

Document Copies Included? _____

Identify source(s) if copies are not included: _____

Total Amount: \$ _____ US; and/or _____ % of final estate to **Covenant United Church of Christ Endowment Fund** (Important: The anticipated amount is necessary to establish recognition level)

Check enclosed: Check # _____ in the amount of \$ _____
Payable to: **Covenant United Church of Christ Endowment Fund**

Debit Card: Name (as it appears on card): _____
Credit card number: _____
Expiration Date: _____ CV Code: _____

The **Covenant United Church of Christ Endowment Fund** (may/may not) publish my name, as listed above, as an example to others.

Secondary Contact Name, Address, and Telephone Number: _____

Signature: _____ Date: _____
(Return this form to Associate Pastor of Stewardship, Reverend Gwendolyn Kirkland)

For Covenant United Church of Christ Endowment Fund Only:

Church Member No.: _____ Non-Church Member No.: _____