



Alpharetta Presbyterian Church Endowment Fund

❖ **Name** [redacted] **Phone** [redacted] **Date** [redacted]

❖ **Lifetime Gift**

○ Cash:\$ [redacted]

○ Securities:\$ [redacted] Details: [redacted]

❖ **Will/Bequest – expected value \$** [redacted]

[redacted] [redacted]

Executor Name

Phone number

Please attach a copy of the relevant page(s) from the will or trust documents

❖ **IRA/Pension Plan – expected value \$** [redacted]

Alpharetta Presbyterian Church Endowment Fund beneficiary status: primary secondary

Please attach a copy of the IRA/ Pension Plan beneficiary documentation or provide information below:

[redacted] [redacted]

IRA plan administrator

Account number or name

❖ **Life Insurance – expected value \$** [redacted] **% of policy** [redacted]

Alpharetta Presbyterian Church Endowment Fund beneficiary status: primary secondary

Please attach a copy of insurance policy beneficiary documentation including insurance company and policy number or provide below:

[redacted] [redacted]

Insurance Company

Policy number

❖ **Charitable Remainder/Lead Trust - expected value \$** [redacted]

Please attach copy of the trust document(s), or provide trustee information below:

[redacted] [redacted]

Trustee

Contact information

❖ **Other – expected value \$** [redacted]

Please explain:

[redacted]

PLEASE PROVIDE ANY FURTHER INFORMATION you think Alpharetta Presbyterian Church should know about your planned gift. Please attach additional pages if needed.

[redacted]