

## Planned Giving Declaration of Intent

I/we support the mission of the Cornerstone Lutheran Church Foundation by including the Cornerstone Lutheran Church Foundation (CLCF) in my/our financial or estate plans and wish to be recognized with membership in the CLCF Legacy Society.

Please print	NAME:		PHONE:
	EMAIL:		DATE OF BIRTH:
	NAME:		PHONE:
	EMAIL:		DATE OF BIRTH:
	ADDRESS:		
	CITY: _	ST:	ZIP:
	I/w	e have provided for the future of Cornerst	one Lutheran Church in the following way:
	_BEQU	EST THROUGH WILL OR TRUST	REMAINDER TRUST
	_GIFT (	OF LIFE INSURANCE	OTHER:
	_IRA/R	ETIREMENT PLAN ASSETS	
The estimated current value of my gift is \$			
a	l/we ur Founda	y plan for the future of our membership programs.  Inderstand that, upon joining the Legacy So	ciety, I/we will receive periodic reporting of the ial recognition online and in the Church locations
F	or reco	gnition purposes, please list my/our name(s)	as follows:
-	memb	we give my/our approval to have my/our notership listings in CLCF publications and in charge do not include my/our name(s) in any	urch displays.  public listings of donors.
I/we wish for my/our gift to be confidential and anonymous, publicly and in Cornel Lutheran Church Foundation Records.			na anonymous, publicly and in Cornerstone
	Signa	ture:	Date:
	Signa	ture:	Date: