

Spirit of Joy Lutheran Church Legacy Gift Worksheet | TAX ID #46-0457455

This form is for informational purposes only. The information allows Spirit of Joy to document your recognition wishes and to celebrate your generosity today. It assists SoJ in clarifying and documenting specific charitable wishes, estimating the impact of overall legacy giving and planning for future endeavors.

Allow us to celebrate your gift by confirming your plans below.

- I have made provision(s) for Spirit of Joy in my estate plan.
- I wish to remain anonymous.
- I give permission to publicly recognize me/us as a member of the SoJ Legacy Family.

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Spouse's Name: _____ Date of Birth: _____

Children: _____ Date of Birth: _____

Children: _____ Date of Birth: _____

Executor: _____ Phone: _____

DESIGNATING YOUR GIFT: Please show the percentage or amount of your gift.

Spirit of Joy Lutheran Church Checking

_____ General Fund _____ Building Fund

Spirit of Joy Lutheran Church Designated Savings

_____ Growth Team _____ Hospitality Team _____ Ministry Resources Team

_____ Outreach Team _____ Worship Team

Spirit of Joy Mission Endowment Fund

_____ General Sub-Fund _____ Capital Sub-Fund _____ Mission Outreach Sub-Fund

_____ Faith Formation Sub-Fund _____ New/Existing Designated Sub-Fund: _____

TYPE OF GIFT: Please show the percentage or amount of your gift.

_____ Gift in my Will or Trust (*can be percentage, residual, or specific amount*)

_____ Beneficiary of Retirement Plan, *Administered by:* _____

_____ Beneficiary of Life Insurance Policy, *Insurance Company:* _____

_____ Gift that provides lifetime income (*Charitable Gift Annuity or Charitable Remainder Trust*)

_____ Gift that provides income to heirs (*Charitable Lead Trust*)

_____ Real Estate, Personal Property, Securities or Cash

_____ Other (*Please specify*): _____

I have attached my instrument of conveyance. (*Will, trust, life insurance or other beneficiary designated form.*)

Signature: _____ Date: _____