



Free the mind. Grow the soul. Change the world.

FSC FOUNDATION DONOR INFORMATION

In an effort to identify and record estate and deferred gifts that have been committed to support the FSC Foundation we request that you provide the following information that pertains to your situation and the gift that you have chosen to make. We understand that this may be more information than you are comfortable sharing with us at this time, however it is extremely important to us to have as much information as possible for future planning purposes. This information will be maintained by the FSC Foundation Board and the FSC Church staff. The details that are provided will be considered confidential information, and treated as such.

DONOR INFORMATION

Please provide the following information about yourself.

Name _____

Street _____ City _____

State _____ Zip _____

Preferred phone number: _____ Email _____

TYPE OF GIFT

Please provide the following information about your intended gift.

____ Will Designation ____ Trust Designation ____ Retirement Acct.

____ Insurance Policy ____ Other Asset (describe) _____

Approximate current value of gift (optional) \$ _____

Name on the account/policy/or trust document:

PROFESSIONAL ADVISOR/FAMILY MEMBER

Please provide the following information about an advisor(s) or family member(s) who will also know the nature of your intended gift.

Individual Name _____

Firm Name (if applicable) _____

Street _____ City _____

State _____ Zip _____

Preferred phone number: _____ Email _____

Relationship to you and the gift (check all that apply):

Attorney Accountant Financial Planner Stockbroker Trustee
 Trust Officer Insurance Agent Family member

Would you like your gift to be invested in a socially responsible fund? Yes No
If yes, please indicate below:

All of my gift Percent of my gift (indicate percentage)

An estate or deferred gift qualifies me as a member of the Fountain Street Church Liberal Legacy Society. I agree to be listed in a listing of Liberal Legacy Society members. Yes No. If Yes, I want my name listed in the Society as:

It is my intention to convey to the Fountain Street Church Foundation the certain property or assets that I have identified above, and that this gift may be used by the Foundation to support the work of the Foundation and its support of Fountain Street Church. I confirm and acknowledge the information contained in this document by my signature.

Date _____

Name

Name

The Fountain Street Church Foundation hereby accepts the foregoing information and agrees to hold, administer, and utilize the conveyed gift to support the mission of Fountain Street Church.

Fountain Street Church Foundation

Date _____

Foundation Chair

Please Mail this Form to:
Fountain Street Church Foundation
24 Fountain St. NE
Grand Rapids, MI 49503

24 Fountain Street NE Grand Rapids, MI 49503-3191
p 616.459.8386 f 616.459.4809 www.fountainstreet.org