

LEGACY INTENTION FORM

Please complete this form to document your planned gift. Knowing your intentions helps All Saints' Church plan for the future. Your intent enrolls you as a member of the Cornerstone Society. Thank you!

Name(s)			
Address			
City	State	Ziţ	o-Code
Phone	E-mail		
Gift Description:			
□ Will□ Life Insurance	□ Trust□ IRA or Retirement Plan	□ Annuity□ Real Estate	□ Donor Advised Fund
□ Other:			
Notes/Additional Information:			
Optional: Today's value of my future gift provision is approximately \$ with the understanding			
that future fluctuations/changes in the market/economy may have an impact on this current value.			
□ Optional: Enclosed is a copy of the relevant section of my will/trust/beneficiary form which will be held in strict confidence.			
Name of estate planning advisor (Attorney, CFP, other):			
□ Name(s) may be included in All Saints' and Cornerstone publications or listings.			
Please use the following name(s) in all publications:			
□ I/we wish to remain anonymous.			
Signature			Date
Signature			Date

For questions please contact:

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Legal Name: All Saints' Episcopal Church; Tax I.D. Number: 58-0566118