

MOUNT OLIVE LEGACY GIFT INTENTION

Yes! I/we have included Mount Olive Lutheran Church in my/our estate plans.

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

I/We have planned to leave a gift for Mount Olive through my/our:

☐ Beneficiary Designations ☐ Will or Trust ☐ Other _____

I/We desire our gift to be used according to the following percentages:

_____ % **Where most needed:** Current Ministry and/or Endowment

Current Ministry

_____ % General Ministry

_____ % Other _____

Endowment: Perpetual Ministry

_____ % General Endowment Fund

_____ % Seminarian Scholarship Fund

_____ % Hull High School (Kijota, Tanzania) Scholarship Fund

_____ % Other _____

I/we ☐ give ☐ do not give Mount Olive Lutheran Church permission to periodically publish my name along with other Legacy givers to provide encouragement to others. I/we understand no amounts will be listed.

This document is non-binding. I/we reserve the right to alter this intention if future circumstances so warrant.

Signature: _____ Date: _____

Signature: _____ Date: _____