

NAME _____ DATE OF BIRTH ____/____/____
LAST FIRST MIDDLE MONTH DAY YEAR

SPOUSE _____ DATE OF BIRTH ____/____/____
LAST FIRST MIDDLE MONTH DAY YEAR

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ EMAIL _____

Please complete all that apply to your plan and/or your spouse's/partner's plans for the benefit of CRISTA Ministries. This information will help ensure that your intentions are properly implemented. Completion of this for in no way obligates you to make a bequest or beneficiary designation to CRISTA Ministries.

YOU

BEQUEST: WILL REVOCABLE LIVING TRUST

THE SUM OF \$ _____

OR % OF MY TOTAL ESTATE FOR CRISTA MINISTRIES _____ %

OR % OF REMAINDER FOR CRISTA MINISTRIES (AFTER GIFTS TO OTHERS) _____ %

ESTIMATED VALUE OF MY GIFT TODAY \$ _____

SPOUSE/PARTNER (IF DIFFERENT FROM ABOVE)

BEQUEST: WILL REVOCABLE LIVING TRUST

THE SUM OF \$ _____

OR % OF MY TOTAL ESTATE FOR CRISTA MINISTRIES _____ %

OR % OF REMAINDER FOR CRISTA MINISTRIES (AFTER GIFTS TO OTHERS) _____ %

ESTIMATED VALUE OF MY GIFT TODAY \$ _____

REPRESENTATIVE

NAME OF ATTORNEY _____

NAME OF PERSONAL REPRESENTATIVE/TRUSTEE _____

BENEFICIARY DESIGNATION(S)

	% DESIGNATION	ESTIMATED VALUE	YOU	PARTNER
IRA/RETIREMENT PLAN	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
CHARITABLE TRUST	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
BANK OR BROKERAGE ACCOUNT	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
DONOR ADVISED FUND	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
BENEFICIARY DEED OF REAL ESTATE	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
LIFE INSURANCE POLICY	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

COMPANY WHERE ASSETS ARE HELD _____

GIFT PURPOSE



MINISTRY AND FUND(S): _____

- I/WE HAVE ENCLOSED A COPY OF DOCUMENT(S) DETAILING THE GIFT(S) DESCRIBED ABOVE
- YES NO: CRISTA MINISTRIES MAY PRINT MY/OUR NAME(S) IN PUBLICATIONS

UPDATED APRIL 2021 - CREATIVE HOUSE

SIGNATURE _____ DATE ____/____/____
MONTH DAY YEAR

SIGNATURE _____ DATE ____/____/____
MONTH DAY YEAR