

## **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	Zi <sub>l</sub>	Code	
Phone	E-mail			
Gift Description:				
□ Will □ Life Insurance	<ul><li>□ Trust</li><li>□ IRA or Retirement Plan</li></ul>	<ul><li>□ Annuity</li><li>□ Real Estate</li></ul>	□ Donor Advised Fund	
□ Other:				
Notes/Additional Informati	ion:			
	my future gift provision is approxi anges in the market/economy ma	-	on this current value.	
□ Optional: Enclosed is a codence.	py of the relevant section of my w	vill/trust/beneficia	ry form which will be held in strict confi-	
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 na	me(s) in all publications:			
□ I/we wish to remain anon	ymous.			
Signature			Date	
Signature			Date	

## For questions please contact:

Ellen Hayes, Director Stewardship & Development, ehayes@allsaintsatlanta.org
(w) 404.267.4275 | (f) 404.881.3796 |

Allsaintsatlanta.org | 634 West Peachtree Street NW, Atlanta, Georgia 30308

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