Friends of the LOPC Foundation Gift Form

Friends of the LOPC Foundation is an organization dedicated to supporting the long-term health and growth of the church. By joining, you help achieve that end. Anyone may join by making a gift to the Foundation or simply expressing interest in doing so and completing this form. Thank you.

I/We wish to provide a planned gift of support to Lafayette-Orinda Presbyterian Church Foundation (LOPCF). I/We have made a provision for a gift to LOPCF through my/our estate plans. It is my/our intention to leave a planned gift through my/our:

- ❑ Bequest through Will or Trust
- ❑ Retirement Plans
- ❑ Life Insurance Policy
- ❑ Other_____
- ❑ Beneficiary Designation
- ❑ Trusts
- ❑ Gift of Real estate

I/We would like to inform Lafayette-Orinda Presbyterian Church Foundation, for long-term planning purposes, that, as of this date, the value of my/our gift is approximately $_____ or _____ percentage of my/our estate. *(optional information)*

I/We understand that, by stating an amount, my/our estate is not legally bound by this statement and at any time I/we may choose to add, subtract, or revoke LOPCF as beneficiary of this planned gift.

- ❑ I/We are updating our existing Friends of the LOPC Foundation information
- ❑ You may publish my/our name(s) as a Friend of the LOPC Foundation.
- ❑ Please consider this to be an anonymous gift.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ *(home)* Phone: (_____) _____ *(cell)* Phone: (_____) _____ *(cell)*

Email: _____ Email: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

LOPCF recognizes the strictly confidential nature of this information

(Please Turn Over and complete Page 2)

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Legal Advisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Executor/Trustee/ Administrator Information: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Phone: (_____) _____ Phone: (_____) _____
(home) *(cell)* *(work)*

Email: _____ Email: _____

Executor/Trustee/ Administrator Information: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Phone: (_____) _____ Phone: (_____) _____
(home) *(cell)* *(work)*

Email: _____ Email: _____

(for LOPCF Purposes)

Trustee Assignment : _____ Data Base Entry Date: _____

It is helpful for LOPCF to have on file supporting documentation.
Please attach copies if possible.

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