



## 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. **IRS Tax ID: 94-3216393**

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
- Survivorship
- Beneficiary Designation
- Trusts
- Gift of Real estate
- Other \_\_\_\_\_

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.
- I/We have provided copies of supporting documentation.

Name(s): \_\_\_\_\_ and \_\_\_\_\_  
*(first)* *(last)* *(first)* *(last)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
*(home)* *(cell)* *(cell)*

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*LOPCF recognizes the strictly confidential nature of this information.*

*(Please Turn Over)*



# 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.

**Legal Advisor:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Executor/Trustee/ Administrator Information:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
(home) (cell) (work)

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Contact Information:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
(home) (cell) (work)

Email: \_\_\_\_\_ Email: \_\_\_\_\_

(for LOPCF Purposes)

Trustee Assignment : \_\_\_\_\_ Data Base Entry Date: \_\_\_\_\_

*LOPCF recognizes the strictly confidential nature of this information.*

**IRSTax ID: 94-3216393**