



Declaration of Intent *Non-binding & Confidential*

Name: _____ Date of Birth: ___/___/___

Name: _____ Date of Birth: ___/___/___

Address: _____

Preferred Phone: _____ Email: _____

I/We have included a provision for Lutheran Metropolitan Ministry in my/our:

- Will Trust IRA/Other Retirement Assets Life Insurance Policy
- Charitable Gift Annuity Charitable Remainder Trust Other: _____

Gift Designation:

- Lutheran Metropolitan Ministry – *area of greatest need*
- Specific Branch: ___Adult Support and Advocacy ___Community Re-Entry ___Housing & Shelter
 ___Social Enterprise ___Support to At-Risk Teens ___Lutheran Family Services
- Other designated area: _____

To help LMM plan for the future, the approximate amount of my/our bequest based on today's value is:

- \$ _____ **OR** _____ percentage of my/our estate
- I/We do not wish to share at this time

Donor Signature _____ Date _____

Donor Signature _____ Date _____

I/We agree to be listed (without gift amount) as: *(please print)* _____

I/We prefer to remain anonymous

Attorney/Advisor Name *(print)*: _____ Phone: _____



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