

# First Lutheran Legacy Form of Intent

**\*\* CONFIDENTIAL \*\***

**Name:**

**Address, City, State, Zip:**

**Phone:**

**Type of gift:**

Cash

Stock

Life Insurance

Bequest

Other (explain) \_\_\_\_\_

**Anticipated timing:**

**Anticipated amount (estimated if unknown):**

**Check all lines that apply to indicate what information can be shared with the congregation regarding your commitment:**

Show participation as anonymous

Show participation by name

Show the type of gift as indicated above

Show the anticipated timing of the gift as indicated above

Show the anticipated amount of the gift as indicated above

**Is this gift contingent on the collection of a match? If yes, describe the criteria and timeframe.**

**Is this gift being given in response to a matching gift? If yes, identify the original matching.**

\*\*\*\*\*  
*I/we acknowledge the intent to provide a gift, in response to God's blessings and as described above, to First Evangelical Lutheran Church of Strongsville. I/we will exercise good faith in providing the gift and keeping First Church apprised of any changes to my/our intent. I/we authorize First Church, to the extent indicated above, to provide information to the congregation for the purpose of tracking and encouraging others to consider a gift and to use this gift as deemed appropriate by church leadership.*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**SEND THIS FORM TO THE CHURCH CONTROLLER**