

Mennonite Foundation

# Charitable gift recommendations

Name(s) (please print) \_\_\_\_\_

Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

In my (our)  will(s)  donor advised fund  life income plan  \_\_\_\_\_  
(gift annuity, remainder trust) other

dated \_\_\_\_\_, I (we) have designated Mennonite Foundation as a charitable beneficiary.  
date of document

My spouse may change this recommendation form after my death.  Yes  No  N/A

I may also choose if the foundation notifies these organizations of my commitment. I am aware that my designation is revocable by me at any time. I recommend to the foundation the following distribution (use other side if necessary):

Percent	Charitable beneficiaries	Should MF notify?
_____	Name _____ Address _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Name _____ Address _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Name _____ Address _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact us at 1110 N. Main St., PO Box 483, Goshen, IN 46527, (800) 348-7468, fax (574) 537-6645.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Percent**

**Charitable beneficiaries**

**Should MF notify?**

\_\_\_\_\_

Name \_\_\_\_\_

Yes  No

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Yes  No

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Yes  No

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Yes  No

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Yes  No

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Yes  No

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Yes  No

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Yes  No

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Yes  No

Address \_\_\_\_\_

\_\_\_\_\_