

Charitable gift recommendations

Everence Foundation



Name(s) (please print) _____

Street _____ City _____ State _____ ZIP _____

Phone _____ E-mail _____ Financial advisor name _____

I (we) have designated Everence Foundation as a charitable beneficiary in my (our):

Will(s) dated _____ Trust(s) dated _____ CRUT dated _____

Gift Annuity # _____ Donor Advised Fund # _____ Other _____
(include account type and Institution)

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

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

_____ Name _____

Address _____

_____ Name _____

Address _____

_____ Name _____

Address _____

_____ Name _____

Address _____

_____ Name _____

Address _____

Signature _____ Date _____

Signature _____ Date _____

Return the completed form to: Everence Foundation, P.O. Box 483, Goshen, IN 46527.

Name(s) _____

Percent

Charitable beneficiaries

_____ Name _____

Address _____

_____ Name _____

Address _____

_____ Name _____

Address _____

_____ Name _____

Address _____

_____ Name _____

Address _____

_____ Name _____

Address _____

_____ Name _____

Address _____

_____ Name _____

Address _____

_____ Name _____

Address _____

Everence Foundation

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P.O. Box 483
Goshen, IN 46527
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T: (574) 533-9511
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