

# Charitable gift recommendations

Mennonite Foundation



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

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Financial advisor name \_\_\_\_\_

I (we) have designated Mennonite 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:** Mennonite 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 \_\_\_\_\_  
\_\_\_\_\_

**Mennonite Foundation**

An affiliate of Everence

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