



**begrass FOREVER**  
growing a legacy of faith

**Begrass Christian Church**  
4100 Shelbyville Road  
Louisville, Kentucky 40207  
(502) 896-1161  
www.begrass.org/begrassforever

## Begrass Forever Donor Intent Form

Thank you for including Begrass Christian Church as part of your legacy giving! Gifts made to the Endowment Fund are held in perpetuity with annual proceeds providing vital support to grow church ministries, capital improvements, and mission/outreach ministry each year. If you would like to discuss restricting your gift to a particular fund instead, please contact the church Business Administrator or Senior Minister for more details.

Please fill out the information in this form to the extent that you are comfortable sharing so that we can express our gratitude for your planned generosity. We truly appreciate your commitment to support the mission of Begrass Christian Church in your lifetime and beyond!

*With gratitude for all of our blessings and hearing God’s call to be faithful stewards, I/we have made the following provisions to leave a legacy to Begrass Christian Church in my/our estate plan:*

Donor Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Donor Name (if applicable): \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Donor Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



*Begrass Christian Church (EIN - #61-1219287) is included in my estate plan in the following way:*

- Bequest (Will or Living Trust)**                      Contact: \_\_\_\_\_
- Retirement Plan / IRA**                                      Contact: \_\_\_\_\_
- Life Income Gift** (*charitable gift annuity or charitable remainder trust*)                      Contact: \_\_\_\_\_
- Life Insurance Policy**                                      Contact: \_\_\_\_\_
- Other:** \_\_\_\_\_

*I/We are making this gift because:* \_\_\_\_\_  
 \_\_\_\_\_

**Donor Recognition:**

The church joyfully recognizes the members of **begrass FOREVER** with the opportunity to participate in special programs or events. *Please list my / our name(s) for recognition as follows:*

\_\_\_\_\_

*If you wish for this gift to remain confidential, please write "Anonymous" above*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_