



# Grace Church in Haddonfield

*An Episcopal Church in the Diocese of New Jersey*  
19 Kings Highway East, Haddonfield, New Jersey 08033-2097  
Telephone: 856-429-0007  
Fax: 856-429-3291  
Web site: [www.gracehaddon.org](http://www.gracehaddon.org)  
E-mail: [office@gracehaddon.org](mailto:office@gracehaddon.org)

The Reverend  
**Deborah Cook**  
Associate Rector

The Reverend Dr.  
**Patrick R. Close**  
Rector

The Reverend  
**Colleen Spaeth**  
Deacon

## Confidential Member Intention Form

Please complete this form and return it to Grace Church to confirm your membership in the St. Michael's Society. The information you provide will be kept in the strictest confidence.

Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Gift Information:

- I/We have included Grace Church in my/our will with:
  - Specific bequest of \$ \_\_\_\_\_
  - Percentage bequest of \_\_\_\_\_ %
  - Other (please describe) \_\_\_\_\_
  
- I/We have name Grace Church in an irrevocable trust or life income arrangement. Specifically;
  - Charitable Remainder Trust
    - Market Value \$ \_\_\_\_\_
    - Annual Payoff \$ \_\_\_\_\_ or \_\_\_\_\_ %
    - Grace Church's interest \_\_\_\_\_ %
  - Charitable Lead Trust
    - Annual Payout \$ \_\_\_\_\_
    - Term of Years \_\_\_\_\_
    - Grace Church's interest \_\_\_\_\_ %
  - Other (Please describe) \_\_\_\_\_
  
- I have made Grace Church the beneficiary of my:
  - Life Insurance Policy
    - Death Benefit \$ \_\_\_\_\_
    - Cash Surrender Value \$ \_\_\_\_\_
    - Grace Church is a \_\_\_\_\_ % beneficiary
  - Qualified Retirement Plan (IRA, 401K, 403B)
    - Current Market Value \$ \_\_\_\_\_
    - Grace Church is a \_\_\_\_\_ % beneficiary

**Confidential Member Intention Form – Page 2**

**Purpose of the Gift:**

- Unrestricted general operating support.
- Restricted for the following purpose or program: \_\_\_\_\_
- Legally restricted to the following purpose or program:  
\_\_\_\_\_

**Documentation:**

- Yes, I/we are willing to share a copy of the portion of our estate plan that applies to Grace Church. Enclosed is a copy of my/our:
  - Will
  - Charitable Trust document
  - Change of Beneficiary form for my:
    - IRA, 401K, 403B
    - Life Insurance policy

\_\_\_\_\_ I/We authorize Grace Church to include my/our name(s) on Grace Church’s publications and/or public recognitions. I/We understand this authorization is limited to the use of my/our name(s) only, and the nature and amount of my/our planned gift will remain strictly confidential.

Please indicate your preferred recognition:

\_\_\_\_\_

\_\_\_\_\_ I prefer to remain anonymous.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)