

Membership Form

Thank you for including South Elkhorn Christian Church in your estate plans!

Please fill out as much of this **confidential** form as you are comfortable sharing. Or, if you prefer not to disclose any details...simply fill out the top and then tell us your recognition preference below. Either way, we truly appreciate your commitment.

Name _____ Birthdate _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

I/We have included South Elkhorn Christian Church in my estate plan in the following way:

- Bequest (Will or Living Trust)
- Retirement Plan
- Life Income Gift (charitable gift annuity or charitable remainder trust)
- Life Insurance Policy
- Other (describe if you would like) _____

I/We request that this gift be used for:

- SECC Endowment Fund (50% to Outreach, 30% to Capital Needs, 10% to Operational Needs, 10% to Regional Programs)
- Restricted to (program, etc.) _____

Donor Recognition

- Please include me as a member of the *1767 Legacy Partners* with the opportunity to participate in special programs or events. List my name (and/or spouse's name) for recognition as follows: _____
- I/We prefer to remain anonymous. Please do not publish my name.

_____/_____
Signature **Date**