



## CROSSNET LEGACY PARTNERS CONFIDENTIAL GIFT INTENTION FORM

The purpose of this form is to share the details of your bequest intentions for CrossNet Ministries. In recognition of your disclosure, we are pleased to invite you to join our CrossNet Legacy Partners; a select group of friends who have included CrossNet in their estate plans.

While unrestricted gifts allow us to allocate funds to areas of greatest need, you may designate your bequest for a particular purpose or use (i.e Capital Campaign, Food Programs, Housing, etc.).

### **Bequest Specifics:**

As evidence of my/our desire to provide a legacy gift for CrossNet Ministries, I/we wish to inform CrossNet Ministries that it has been named in my/our estate plans. Provided below is the nature of the gift; i.e. percentage or amount of estate, beneficiary of life insurance or qualified retirement plan such as 401K, 403 (b), IRA, or gift from a trust. A copy of the relevant provision of my will, trust or beneficiary designation form is attached (While not required, this information is helpful for CrossNet's long-term planning and to ensure that we appropriately honor your wishes). I will notify CrossNet if changes are made to this/these provision(s).

### **Nature of Gifts:**

I have provided for CrossNet Ministries in my:

☐ Will / Living Trust

☐ Retirement Plan

☐ Life Insurance Policy

☐ Other: \_\_\_\_\_

### **Designation:**

Your gift will be used where the need is greatest at the time, unless there are particular initiatives that you support and to which you would like to direct your gift. In which case, please specify your preferred initiative(s) in the space below.

*I desire to have my eventual gift support the following (initiative(s)). I understand that at the time of my gift, if circumstances have changed significantly, CrossNet's Board of Directors retain the right to use my gift for other purposes that most closely fit my original intent.*

☐ Operating Budget

☐ Capital Projects

☐ Endowment

☐ Other: \_\_\_\_\_

**Approximate Value of Bequest Intention: \$** \_\_\_\_\_

**Documentation and Recognition**

☐ Attached is a copy of relevant portions of my will or estate plan provision, or the beneficiary designation document that names CrossNet Ministries.

☐ You may include my name in the published list of CrossNet Ministries Legacy Group members.

☐ My spouse should also be included as a member and listed as such.

☐ I prefer to remain anonymous.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Name (printed)

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

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

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**This document will be held in confidence by our leadership team.**

Please return this form to the CrossNet Development Office

CrossNet Ministries, 123 W. Franklin Street, New Holland, PA 17557