



ESTATE GIFT COMPLETION FORM

3801 Eagle Nest Drive, Suite B, Crete, IL 60417 / 888.448.3040 / BarnabasFoundation.com

Thank you for informing Barnabas Foundation of your charitable giving! Please complete as much as you are comfortable sharing. If you have any questions, feel free to contact our office.

Date estate plan documents were signed: (MM/DD/YYYY) ____/____/____

Please provide the following information:

Name: DOB: Spouse Name: Spouse DOB:

Address:

Charitable Gift

Approximate Estate Value (\$): Percent to Charity (%): Est. Dollar Amount of Gift (\$):

What is the source of the gift? Check all that apply

Will Trust IRA Beneficiary Designation Life Insurance Beneficiary
 Other

Are you using Barnabas Foundation as your charitable flow-through?

Yes - Please complete a Distribution Request form and return to Barnabas Foundation.
 No - For our records, please list your designated charities below and the percentage.

	ORGANIZATION NAME, CITY, STATE	PERCENT/AMOUNT
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>

Continued on back

ORGANIZATION NAME, CITY, STATE

PERCENT/AMOUNT

8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>
13.	<input type="text"/>	<input type="text"/>
14.	<input type="text"/>	<input type="text"/>
15.	<input type="text"/>	<input type="text"/>

Attorney who prepared your legal documents: (Please include firm name, if applicable)

SIGNATURE(S)

Signature

Printed Name

Date

Signature

Printed Name

Date