



Episcopal House of Prayer
 P.O. Box 5888
 Collegeville, MN 56321
 320-363-3293
 ehouseofprayer.org

STATEMENT OF INTENT FORM

Thank you for making a planned gift to benefit the Episcopal House of Prayer

Your Gift

It is my/our intention to leave a legacy to the Episcopal House of Prayer through my/our:

- Will
- Retirement Plan Assets
- Life Insurance Policy
- Living Trust
- Charitable Remainder Trust
- Other _____

I/We wish to inform the Episcopal House of Prayer, for long-term planning purposes only, that as of this date, the value of my/our gift is \$_____

If your gift is a percentage of your estate, please indicate the approximate current value of that percentage.

I/We designate my/our bequest or planned gift to be added to the current endowment of the Episcopal House of Prayer.

Your Information

Name: _____ Birth Date: _____

Second Name: _____ Birth Date: _____

Business Name (if Applicable): _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Recognizing Your Generosity

I/we give permission for the Episcopal House of Prayer to include my/our name(s) among the list of people leaving a legacy gift as a motivation to others. Please list my/our name(s) as follows:

I/we wish to remain anonymous. *(By selecting this option, your name(s) will not be included in planned giving lists.)*

I/we wish to make our future gift in honor/memory of: _____

Signature _____ Date: _____

Signature _____ Date: _____

Development Officer Signature _____ Date: _____

This statement of intent is non-binding and revocable.