



# CHRISTIAN STUDY CENTER

## Revocable Planned Giving Notification For the Christian Study Center **Optional Gift Details**

### Personal Representative/Executor, Trustee (If your gift is through a will or trust)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Administrating Company (e.g. TIAA, Fidelity, etc., if your gift is through a retirement account or life insurance policy)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Additional Contact (family, attorney, etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*We would also appreciate a copy of the relevant portion of the legal document(s) related to your intended gift. This is helpful but not a requirement.*