



National United Methodist Church | Metropolitan Memorial United Methodist Church Foundation | Donor Declaration

It is my pleasure to inform you of my desire to provide a planned gift to the Metropolitan Memorial United Methodist Church Foundation through my estate plan, as described below:

Thank you for your interest in leaving a legacy gift. Your generous support will help ensure the future ministry and mission of National United Methodist Church. Your attorney, accountant, financial planner, or insurance professional may need the following information:

Legal Name:

Metropolitan Memorial United
Methodist Church Foundation

3401 Nebraska Avenue, NW
Washington, DC 20016
202-363-4900

FEIN # 53-0225162

Personal Information

Donor Name *

First Name Last Name

Second Donor Name

First Name Last Name

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

Address *

Street Address

Street Address Line 2

City State

Zip Code

Planned Gift Information

Type of Gift

Will or Trust

Charitable Remainder Trust

Life Insurance

IRA, Retirement Plan, Investment Account

Gift Designation

National United Methodist Church's gift acceptance policy specifies that undesignated bequests are directed toward its endowment. If you wish to direct or designate your gift in another manner, please consult the gift acceptance policy or contact the Senior Pastor.

Acknowledgement of Your Gift

Family Member, Trustee, or Executor Name

First Name Last Name

Family Member, Trustee, or Executor Phone

Please enter a valid phone number.

Family Member, Trustee, or Executor Email

example@example.com

Relationship to Donor

Metropolitan Memorial United Methodist Church Foundation Legacy Society

If you would like to keep your gift confidential, you will still be named as a Metropolitan Memorial United Methodist Church Foundation Legacy Society (RFLS) Member which denotes all those who indicate an intent to leave a planned gift to the Foundation.

Gift Recognition *

This gift can be shared with others

I/we wish my/our gift to be confidential

I would like more information:

I would like to visit with a representative from the Foundation about my legacy gift.

I want more information about the Foundation.

I need referrals/suggestions for attorneys and/or financial advisors.

This declaration of a legacy gift is not a binding commitment, and I/we retain the right to change or revoke this gift at any time without notice to the Foundation:

Signature *

Date *



Month Day Year