

HUDSON MEMORIAL LEGACY PROGRAM
Legacy Commitment Confirmation Form

We are most grateful for your long standing commitment to Hudson Memorial Presbyterian Church and your plans to leave a Legacy of Gratitude to the Hudson Memorial Presbyterian Foundation, which exists to sustain the financial foundation of the church. *We encourage you to complete this **confidential** form and return it to Hudson Memorial Presbyterian Church, to the attention of the Business Administrator.*

The Legacy Commitment Confirmation Form is not a legal document. It simply serves as a way for us to appreciate and recognize your generosity, and to have accurate information as to your intentions and wishes.

Member Information:

Name	Date of Birth	Second Name (If Joint Gift)	
Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	
Email	Professional Advisor Name	Phone Number	
Executor's Name	Phone Number		

Type of Bequest:

It is my/our intention to leave a Legacy Gift through my/our (please check all that apply):

- Will (Bequest) Life Insurance Policy Retirement Plan Assets Trust
 Charitable Gift Annuity (administered by: _____) Other _____

Comment _____

I/we understand that my/our estate is not legally bound by this statement, and I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. (Hudson Memorial Presbyterian Church respectfully requests notification of changes or adjustments to your gift.)

Charitable Use*:

- My/our gift is unrestricted. It is my/our intention that my/our gift be used for the following purposes:

*Note: Hudson Memorial Presbyterian Church encourages unrestricted gifts for maximum flexibility to meet future needs. By tradition and policy, unrestricted gifts are directed by the Board of Directors to the General Endowment Fund portion of the endowment, which is primarily used for ongoing maintenance of our building. If your intention is to restrict your gift, please consult your attorney for a codicil to your will that legally and accurately reflects your wishes. (Hudson Memorial respectfully requests a copy of that codicil, if you are willing to share it.)

Donor Recognition:

I/we understand that listing this gift may be an incentive for others to give, and I/we are willing to be publicly acknowledged (name only.) I/we wish my/our names to appear as:

I/we prefer to remain anonymous.

Donor Signature:

Donor(s) Signature(s)	Date
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