

# Legacy Society Confirmation Form



Please mail or E-mail this completed form to:  
New Salem Baptist Church  
2956 Cleveland Ave. | Columbus, OH 43229  
Phone: 614 267-2536  
Email: Logos@newsalemcare.com

## DONOR INFORMATION

Name *(please print clearly)*: \_\_\_\_\_

Spouse's Name *(if applicable)*: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check any that apply:  Current Member  Friend

## LEGACY GIFT INFORMATION

**Type of Planned Gift** *(Please check all that apply):*

- Bequest (Will or Living Trust provision)  Life Insurance beneficiary designation  
 Retirement Plan beneficiary designation  Other Charitable Trust  
 Other type of gift: \_\_\_\_\_

**Estimated Value of Gift** *(This information is optional but very helpful and appreciated. It will be kept confidential unless your authorization is provided.)*

- Specific Amount: \$ \_\_\_\_\_  Approximate Amount: \$ \_\_\_\_\_

**Use of Funds by New Salem:** *(Restricted or Unrestricted)*

- Unrestricted or  
 Restricted to: Logos Endowment Fund

Reporting requirements or other information the donor requires: *(optional)*

## OTHER GIFT INFORMATION

**Recognition Information:**

- I would like to remain anonymous.  
 Please recognize my/our gift with the following name(s): \_\_\_\_\_

## SIGNATURE(S)

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_