



# IPC NOW & FOREVER

## The Henry M. Edmonds Society of the Independent Presbyterian Church Foundation Membership Form

Named in memory of Dr. Henry M. Edmonds, the founding pastor who led the church from 1912-1942, the Society encourages gifts to the Foundation that support the mission and ministries of the church. Sharing information about your gift will allow Independent Presbyterian Church Foundation to be more effective in its long-term planning and reach its goals at a much faster pace. In addition, you can document your gift goals so that we can honor your wishes. All information provided will remain strictly confidential.

**Information about You:** \*Should your information change, please notify us.

Name of person(s) making the gift: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Please indicate preferred contact information:

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

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

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

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

Date of Birth: \_\_\_\_\_ Donor 1: \_\_\_\_\_ Donor 2: \_\_\_\_\_

**I/we qualify as a member of the Henry M. Edmonds Society in the following way:**

- The Independent Presbyterian Church Foundation is included in my/our estate plans.
- The Independent Presbyterian Church\* is included in my/our estate plans.

**Form and Amount of Gift**

I have provided for Independent Presbyterian Church Foundation or Independent Presbyterian Church\* in my estate plans in the following way:

	<u>Date</u>	<u>Estimated Value</u>
<input type="checkbox"/> Through a bequest in a will	_____	_____
<input type="checkbox"/> Through a testamentary provision in a trust	_____	_____
<input type="checkbox"/> As a beneficiary of an IRA, 401(k) or other retirement plan.	_____	_____
<input type="checkbox"/> As a beneficiary of a life insurance policy.	_____	_____
<input type="checkbox"/> As a beneficiary of a charitable remainder trust.	_____	_____
<input type="checkbox"/> As a beneficiary of a charitable lead trust.	_____	_____
<input type="checkbox"/> As a beneficiary of a transfer on death provision on a financial account	_____	_____
<input type="checkbox"/> <b>Other (Please describe)</b>		

\_\_\_\_\_  
\_\_\_\_\_

**Name(s) as you would like the gift recognized as a member of The Henry M. Edmonds Society:**

\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



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## The Henry M. Edmonds Society of the Independent Presbyterian Church Foundation Designation Form

### Areas of Giving

Please specify how you would like your bequest to support the ministries of Independent Presbyterian Church (IPC). Indicate the percentage of your contribution to each ministry area listed below.

### Percent of Contribution

#### Covenant Fund

- Addresses the greatest current and future needs of the ministries of the church which are determined by Session.

\_\_\_\_\_ %

#### Congregational Care

- Provides pastoral care, member engagement, and compassionate support through life events.

\_\_\_\_\_ %

#### Discipleship

- Fosters spiritual growth for children, youth & adults through ministries, education, and faith-building experiences.

\_\_\_\_\_ %

#### Outreach

- Supports community ministries, food programs, education programs, social services, and global missions to transform lives both locally and worldwide.

\_\_\_\_\_ %

#### Worship & Music

- Enables worship and spiritual reflection through prayer, inspiring music, fine arts, and meaningful services as well as maintains IPC's beautiful places of worship.

\_\_\_\_\_ %

**Total Contribution:**

**100** %

### Named Funds

For bequests over \$250,000 or current gifts over \$100,000, if you would like to establish a named fund, please contact Denise Moore at 205-933-3705 or Margaret Lane Hollingsworth at 205-933-3731.

Signature \_\_\_\_\_

Date \_\_\_\_\_