

DECLARATION OF PLANNED GIFT DOERFLER SOCIETY FORM

Donor Name(s)	
Street Address	City / State / Zip
Phone	Email
Additional Family Contact Name	/ Relationship
Phone	Email
•	utheran Society Foundation that I / we have made provisions for a future 4-1678593), consisting of the following (check the appropriate item):
Bequest through my / ou	r Will or Trust
Individual Retirement Ad	ccount naming the Foundation as beneficiary
Life Insurance policy nar	ming the Foundation as beneficiary
401(k) account naming the	ne Foundation as beneficiary
403(b) account naming the	ne Foundation as beneficiary
Retirement Assets namin	ng the Foundation as beneficiary
Charitable Lead Trust na	ming the Foundation as beneficiary
Other	

If you would like, please attach photocopies of the appropriate section of the documents referencing your gift. A copy is not necessary to complete your gift. This is an optional step.

I / We wish the monies from this gift to be designated to the following	Genacross fund / purpose:
Please indicate your preference regarding public acknowledgement of	your gift:
Please include me / us in all future publications of planned give	ving donors
Please list me / us in the following name(s) format:	
Bob and Sue Smith	
Robert and Susan Smith	
Mr. and Mrs. Bob Smith	
Mr. and Mrs. Robert Smith	
Please do not include me / us in any publications of planned g	iving donors until my / our death(s)
Donor Signature(s)	Date
Michael A. George, CFRE Executive Director	Date
Genacross Lutheran Services Foundation	

The Genacross Lutheran Services Foundation is grateful for your gift. Your generosity will enable Genacross to continue its mission, serving the needs of future generations with compassionate care.

Please return the completed form and any attachment(s) to:

Michael A. George, CFRE Genacross Lutheran Services Foundation 2021 N. McCord Rd. Toledo, OH 43615

Phone: (419) 861-4964 Cell: (419) 351-1628

Email: MiGeorge@Genacross.org