

LEGACY SOCIETY

Endowment and Planned Giving

To help keep the Light of Christ shining perpetually in this community and the world, I/we have made an estate provision for The Episcopal Church of the Ascension.

NAME STREET ADDRESS		
PHONE	DAY	EVENING
This gift has bee	n made through the follow	ving means:
☐ Through a beq	uest in my will	
☐ By a life incom	ne gift (i.e., pooled income fund	l, charitable gift annuity, or charitable remainder trust)
☐ Through a life	insurance policy	
☐ By designating	g a portion of a retirement acco	ount
☐ Other:		
In addition to The as follows:	Episcopal Church of the Asce	nsion, I/we have also included provision for other Episcopal entities,
	nission for my/our name to be of the Ascension Legacy Socie	listed and for me/us to be recognized as member(s) ety.
PLEASE PRINT YO	UR NAME(S) ABOVE AS YOU V	WISH IT TO APPEAR
SIGNATURE		DATE
SIGNATURE		DATE
Please return this	s form to: The Episcopal 800 S. Northsh	Church of the Ascension LEGACY SOCIETY nore Drive

Knoxville, Tennessee 37919