



THE LEGACY SOCIETY
EPISCOPAL DIOCESE OF GEORGIA

ENROLLMENT FORM

To the greater glory of God and our Church, I/we have provided for a planned gift:

To: _____ Episcopal Church

In (City): _____ State: _____

To the Diocese of Georgia to be used for: _____

To the Diocese of Georgia to be placed in The Bishop's Fund for Venture & Mission

To the following organization supporting/benefiting the Episcopal Diocese of Georgia:

Address: _____ City: _____ St: _____

I/we have provided for a gift:

In my/our Will

In a trust

In a Life Insurance Policy

In a Retirement Account

Other: _____

Name: _____

Name: _____

Congregation/City: _____

Home Address: _____

City: _____ **St:** _____ **Zip:** _____

Email Address(es): _____ ; _____

Home Phone: _____ **Cell Phone(s):** _____ : _____

I/we give permission to the Episcopal Diocese of Georgia to use my/our name(s) in The Legacy Society printed materials. I/we would like the name(s) to be listed as follows:

I/we prefer that my/our gift remains anonymous

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Please send a copy of this form to the entity to which you have directed your planned gift and send the original form to: The Episcopal Diocese of Georgia, 611 Bay St., Savannah, GA 31401

legacysociety@gaepiscopal.org 912.236.4279