

Planned Giving Commitment Form

This form will be used to provide Exodus with information about your legacy gift, which will allow us to welcome refugees and other humanitarian immigrants to Central Indiana for years to come.

You	r Information
Name:	Date of Birth:
Spouse/Partner*:	
Address:	
City: S	
Preferred Phone:	
Type of Gift	
This gift is from a:	This gift represents:
☐ Bequest ☐ Retirement Account	A set value
Life Insurance	A percentage of my estate or account The remainder of my estate or account
	Other:
Living Trust	
☐ Other:	
Pur	pose of Gift
My gift is unrestricted	
	for the following purpose:
Signature:	Date:

Please return this form to:
Exodus Refugee Immigration
Attn: Planned Giving
2457 E Washington St, Suite A
Indianapolis, IN 46205

Completion of this form is not intended to be legally binding. Please discuss your planned giving strategy with your financial and legal advisors. Exodus is a 501c3. Our EIN is 35-1900090