



# Legacy Gift Agreement

Swannanoa Valley Christian Ministry

PO Box 235

Black Mountain, NC 28711

Name(s) \_\_\_\_\_ Birthdate(s) \_\_\_\_\_

\_\_\_\_\_

## Gift Purpose:

- Unrestricted current use
- Unrestricted endowment contribution
- Restricted use as described below:

\_\_\_\_\_

## Gift Type:

- Bequest in my will of \$ \_\_\_\_\_.
- Provision in my will of \_\_\_\_\_ % of rest and remainder of my estate.  
I estimate the present value of the above percentage to be \$ \_\_\_\_\_.
- Other (please describe): \_\_\_\_\_

\_\_\_\_\_

## Gift Recognition:

- I wish that my bequest to Swannanoa Valley Christian Ministry remain anonymous.
- I would like my gift to be recognized using the following name(s):

\_\_\_\_\_

## Signatures

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

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

\_\_\_\_\_  
*Cheryl Wilson, Executive Director of SVCM* *Date*

Swannanoa Valley Christian Ministry recognizes that this gift intention is not legally binding on you or your estate. Your signature verifies the accuracy of the intention on the date signed. If you have any questions please reach out to Executive Director Cheryl Wilson at (828) 664-9224 or [svcmdirector@gmail.com](mailto:svcmdirector@gmail.com).