CONFIDENTIAL INTENTION FORM



Dear Donor,

We realize that many people who plan to support Diakon Lutheran Social Ministries through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

Stacy Klann Director of Development Diakon Lutheran Social Ministries

Phone: 717-795-0458

Email: KlannS@diakon.org

Planned Gift Notification- Confidential

Personal Information

Name:			
Spouse Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Date(s) of Birth:			

Your Gift Intention

		n and attach a copy of t able. Please complete a		r appropriate
I/We want to as described		f Diakon Lutheran Socia	l Ministries through	a planned gift
☐ I/We hav	ve included a bequest	for Diakon in my/our wil	l or living trust.	
☐ I/We hav	ve named Diakon as a	beneficiary of an asset:		
 □ Re	etirement Plan	Bank, Investment,	or Other Financial A	Account
	e Insurance Policy	Other:		
☐ I/We hav	•	revocable/irrevocable (circle one) beneficia	ry of a
	. (If possible, please in	will be approximately \$ _ clude a copy of the beq		% ner wording
		f the gift provision (such e used, whether gift is to		
Yes, you may	y include me/us in listir	ngs of planned gift dono	rs.	
		ur name(s) to appear in deled gift will not be publis		ociety listings.
☐ No, please d	o not include me/us in	listings.		
Signature(s):				
-				
-				
Date:				

Return form to: Stacy Klann Director of Development Diakon Lutheran Social Ministries Office of Development, One South Home Avenue, Topton, PA 19562-1317

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