



Legacy Giving Commitment (Non-Binding Intent) Form

Donor Information:

Donor(s) Names: _____

Donor DOB: _____ and/or Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Preferred Phone: _____ Type: ___ Mobile ___ Home ___ Work

Type of Legacy:

Fellowship of Christian Athletes has been included in my/our estate or beneficiary plans through:

- Bequest in a will
- Bequest in a living trust
- Beneficiary designation of a retirement plan (IRA, 401(k), 403(b), etc.)
- Beneficiary designation of a life insurance policy
- Beneficiary designation of a donor-advised fund
- Charitable remainder trust
- Other planned gift arrangement: _____

Is this gift: Revocable Irrevocable (if known)

Estimated current value of the gift (optional and non-binding):

\$ _____ or _____ % of my/our estate or account.



Gift Designation:

My/Our gift is **unrestricted**, to be used where the ministry need is greatest.

Please indicate how you would like your legacy gift to be focused within the Fellowship of Christian Athletes (FCA). While ministry needs may change over time, FCA will seek to honor the spirit of your designation.

- ___ % **Organizational Every Generation Fund** (supports FCA's long-term, sustainable, global ministry impact)
- ___ % **International Ministry** (supports FCA ministry outside the United States)
- ___ % **Regional Ministry** (supports FCA ministry within a specific multi-state region)
- ___ % **Local Ministry** (supports FCA ministry in a specific geographic area)

Location/Area Name: _____

Legacy Recognition Preferences:

Fellowship of Christian Athletes may recognize and steward legacy donors through an FCA Legacy Family.

Please indicate your preferences:

- You may list my/our name(s) in donor and Legacy Family recognition (print and digital).

Please list as: _____

- I/we prefer to remain **anonymous** publicly, but FCA may know and record this commitment.
- You may contact me/us about sharing a brief legacy story or testimony in the future.



Professional Advisor (optional):

Attorney, Financial Planner, or other Advisor: _____

Firm: _____

Phone/email: _____

Documentation (optional):

If you are comfortable, you may share a copy of the relevant page from your will, trust, or beneficiary designation form for FCA's confidential files.

- I/we will provide documentation now.
- I/we will provide documentation at a later time.
- I/we prefer not to provide documentation.

Acknowledgment:

This form is an expression of my/our current intent to include Fellowship of Christian Athletes in my/our estate and/or beneficiary plans. It is **not a legally binding commitment** and may be modified at any time. FCA does not provide legal or tax advice and has encouraged me/us to consult with my/our own advisors.

Signature: _____ Date: _____

Signature (if joint): _____ Date: _____

**Please save a copy of this completed form and
return this confidential form to:**

David Parks
Executive Vice President of Donor and Board
Advancement Fellowship of Christian Athletes
Email: legacy@fca.org