

## LEGACY SOCIETY DECLARATION

Nam	ie(s):	
		(As you wish to appear on our donor lists)
		□ I/we prefer to remain anonymous
Add	ress:	
Date of Birth:		rth: Preferred Phone: Preferred Email:
	Socie	supporter of Metropolitan Ministries, I/we declare my/our intent to join the Legacy ety and have arranged a gift in my/our estate to benefit <b>Metropolitan Ministries, Inc.</b> <b>59-1477007)</b> .
Plan	ned G	ift Type (Check one that applies):
	Will	
	Trust	
	Life I	nsurance
	Retir	ement Account
	Real	Property
	Othe	r (Please specify):
Sign	ature:	
Date	e:	
Pleas	se seno	d a notice of bequest or this completed document to <u>molly.james@metromin.org</u> or mail to: Molly James Metropolitan Ministries 2002 N Florida Ave, Tampa, FL 33502