

(Logo) Exodus International Planned Giving Notification Form

If you have made provisions for Exodus International in your will, trust, life insurance policy or retirement plans, please complete this form which will aid Exodus in seeing that your wishes are fulfilled as you intended. Please include the following:

Full legal name: **Exodus International North America, Inc.**
Address: **PO Box 540119, Orlando, FL 32854**
Tax ID number: **52-1413470**

Your Name(s):

Address:

Telephone Home/Work: Email address:

Please indicate the type of gift:

- Bequest in Will or Living Trust Retirement Plan
 Charitable Remainder Trust or Unitrust Life Insurance Policy

Other:

General description of gift provision (dollar amount, percentage, present value, etc.):

Attorney's name/address:

Phone:

- I wish my future gift to be used to benefit Exodus where the need is greatest.
 Other: Specific Program or Ministry Category:

If possible, please include a copy of the portion of your planned gift that pertains to Exodus and expresses your wishes.

I understand that this documentation is offered solely to assist Exodus International and will remain **strictly confidential**. This is not a binding legal obligation and your gift is revocable.

Signature of Donor: Date:

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Please return this form to:

Exodus International North America, Inc.
PO Box 540119
Orlando, FL 32854

If you have questions, please call our Financial Manager at: 407-599-6872