



YES! I (we) wish to become a member of the Guardian of Hope Society and by so doing assist Bethany in reaching hurting children in my (our) community and around the world.

We would like to publish your name in our Guardian of Hope membership rolls to encourage others to make gifts to Bethany and to celebrate your special support for Bethany's mission.

Date ___ / ___ / ___ From _____

Print your name(s) as you wish it (them) to appear in publications of recognition.

YES! I want Bethany to know confidentially about my plans but prefer to remain an anonymous member of the Guardian of Hope Society.

Street Address

City

State

Zip Code

Phone () _____ - _____ E-mail _____

Name

Date of Birth

Name

Date of Birth

Please tell us more about your estate plan as it relates to Bethany Christian Services.

I (we) have established a lasting legacy in the form of a bequest in a:

- Will Life Insurance Gift Charitable Remainder Annuity Trust Trust
- Retirement Plan Charitable Remainder Unitrust (401(k), IRA, Pension, etc.)
- Life Estate Agreement Charitable Gift Annuity Other _____

In planning for future ministry opportunities, it would assist Bethany to have documentation of your gift arrangement. Please consider photocopying the applicable document language indicating Bethany as beneficiary. Return envelope provided.

My gift is:

- Undesignated Designated for _____
- Call me about my gift arrangement.

Thank you for your commitment to Bethany!