



Trinity Episcopal Church Foundation of Fort Worth, Inc.  
P.O. Box 100085  
Fort Worth, Texas 76185  
EID# 27-4026174

**Gift Agreement Form**

Donor's name: \_\_\_\_\_  
(Please list name as you wish to be acknowledged by the Trinity Foundation)

Donor's street address: \_\_\_\_\_

Donor's city : \_\_\_\_\_ state: \_\_\_\_\_ zip code: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Other phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Gift purposes and objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is it the donor's desire for this gift to be invested in the Trinity Foundation endowment and that all or only part of the income on that investment be spent? Yes \_\_ No \_\_

Please provide additional instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contribution:**

Please accept my tax-deductible contribution in the amount of \$ \_\_\_\_\_ to the Trinity Episcopal Church of Fort Worth Foundation

**Method of Payment:**

- Check enclosed made payable to the Trinity Episcopal Church of Fort Worth Foundation
- Other: \_\_\_\_\_  
(Description of gift instrument; i.e., future estate gift, cash, stock, real estate, mineral rights)
- American Express    Discover    VISA    MasterCard

CC #: \_\_\_\_\_ CID#: \_\_\_\_\_ Exp: \_\_\_\_\_  
(3-4 digits)

Name on CC: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_  
(Representative of Trinity Episcopal Church Foundation of Fort Worth, Inc.)

Acceptance date: \_\_\_\_\_

A 1% administrative fee will be applied to these funds under Foundation management.