

# Giving Plan

10% or more of Total Income \$ \_\_\_\_\_

Organization	Monthly Amount	Annual Amount
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____
<b>Total</b>	\$_____	\$_____
Potential Future Designations		
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____