

*Tithe your will*

**Online Statement Request – Investment Funds Only**



**UNITED METHODIST  
FOUNDATION  
ROCKY MOUNTAIN**

Date \_\_\_\_\_  
Church or Agency \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Account number: \_\_\_\_\_ Account name: \_\_\_\_\_

*Endowments*

*Investments*

*Gift Planning*

*Loans*

First Name	Last Name	Email Address	Mother's Maiden Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names to be deleted: \_\_\_\_\_

Online Statement Recipients authorized by:

Printed name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

E-mail address for receipt confirmation: \_\_\_\_\_

Questions may be directed to Martha Friedrich at [martha@rm-umf.org](mailto:martha@rm-umf.org) or (303) 778-6370.

\*All fields are required to be completed or the form may be returned to the church.

**For Internal Use Only**  
Sig \_\_\_\_ FW \_\_\_\_ SF \_\_\_\_ Ack \_\_\_\_ Scan \_\_\_\_