

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 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 ___ DDI ___ Ack ___ Scan ___