

Request for Agreement or Extension

Instructions: *Please complete this request and email it to Phil Krupski. Upon his approval, the agreement will be developed and shared with you. After review, the resulting draft may then be shared with the ministry.*

Today's date: _____

Counselor: _____

This is an extension of an existing agreement: Yes No

Type of agreement and accompanying annual fee:

- Gift Planning Emphasis \$ 5,000
- Gift Planning Emphasis \$10,000
- Other

Note: Services will be billed quarterly by LCMS Foundation accounting department. The initial agreement is for one year. The agreement may be extended for additional years with a "Memo of Understanding."

Targeted agreement start date: _____

Requesting organization

Name: _____

Address, City, State, Zip: _____

Contact person at the organization: _____

Contact person address, City, State, Zip: _____

Contact person email: _____

Signer 1 for organization: _____ Title: _____

Signer 2 for organization: _____ Title: _____

Other information relevant to this request:

