



J. Allen Walker Fund

Yes! I want to help build the J. Allen Walker Fund.

Name(s): _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Enclosed is my gift of \$ _____. This gift is in memory or honor of: _____

Please notify the following individual/family of my gift:

Name(s): _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

All Donors making gifts before 31 December 2007 will be listed in the Foundation's 2007 Annual Report

Please check this box if you prefer to remain anonymous.

METHOD OF PAYMENT

Check (Made payable to California-Nevada United Methodist Foundation)

Please charge my : Visa MasterCard

Card # _____ - _____ - _____ - _____

Expiration Date: ____/____

Cardholder's Name (Please print name as it appears on card)

Cardholder's Signature

I wish to fulfill my gift with stock. To initiate a gift in the form of a stock transfer, please call Cheri in the Trust Administrator's Office: 800-863-8750

I wish to make a pledge of \$ _____. Please contact me regarding my payments.

Planned Giving

I have included the J. Allen Walker Endowment Fund in my will or estate plans.

Please send me information on planned giving opportunities with the Foundation.

I would like information on creating a named endowment trust for United Methodist related ministry or my local United Methodist Church.

All Gifts to the J. Allen Walker Fund are Gratefully Received

Please return this form to:
California-Nevada United Methodist Foundation, 1276 Halyard Dr., West Sacramento, CA 95691