

SPG PRESENTATION SUPPORT TRANSMITTAL FORM

1. Prospective Donor Information.

Name: _____
 Date of Birth: _____
 Street Address: _____
 City: _____
 State: _____
 Zipcode: _____

2. Proposed Gift Asset Information.

Asset Description	Cost Basis	Fair Market Value	Transaction Cost	Net Gift Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please provide a copy of the latest statement and/or contract face page for each asset.)

- Qualified Plan Business Real Estate Cash/Equivalent

3. Desired Program Type.

- Immediate CGA Deferred CGA Build-up Deferred Flexible Deferred EZCRAT

4. Tax Assumptions.

Estimated Effective Tax Rate: _____ Estimated Current Net Worth: _____

5. Planning Assumptions.

- No Planning Required Facilitator will do the planning I need IAG Design Team Support

6. Wealth Replacement Quote.

- I have attached the appropriate Wealth Replacement Quote.
 I want the Design Team to generate the quote.
 The Prospective Donor does not want Wealth Replacement. Prospective Donor is uninsurable

7. Presentation Support.

- Level 1. (Simple Charitable Plan presentation only.)**
 Level 2. (Comparative Presentation) (*Retain asset as is , vs. sell asset and reinvest, vs. Charitable Plan*)

Option 1 Income _____ New Option 2 Investment _____ New Return %: _____

- Level 3. (Blended Solution w/Tax Analysis)**

(Attach tax returns, financial statement, and completed fact-finder or statement of Goals, Dreams, and Aspirations).

- Level 4. (On-site assistance)**

8. Facilitator Information.

Name: _____ Phone: _____ E-mail: _____

SPGN/IAG Design Team Use:

Date Received: _____	To PDT/GRC I: _____
Gift Officer: _____	Consulting Call Completed: _____
	Target Presentation Date: _____
	Presentation sent to Facilitator: _____
File Certified Complete: _____	To PDT/GRC II (Final): _____