

CONFIDENTIAL PLANNED GIVING INTENT FORM

Date: _____

Name (1) ☐ Please list as Anonymous Birthdate

Name (2) ☐ Please list as Anonymous Birthdate

Address City State Zip

Email (1) Cell Home

Email (2) Cell Home

☐ Yes, Unitarian Universalist Congregation of Charlottesville (UUCville) is in my/our estate plans

☐ I/We do not wish to share the details of our estate plans at this time.

To ensure proper administration of your generous bequest, please provide:

Attorney/Trustee Name Attorney/Trustee Phone

Location of Will

This information remains confidential and helps UUCville honor your wishes

☐ **Further Details on reverse**

Signature (1) Date

Signature (2) Date

Thank you for supporting the future of UUCville.

Please return this form to:
Unitarian Universalist Congregation of Charlottesville (UUCville)
Planned Giving Administrator
717 Rugby Road
Charlottesville, VA 22903
434-293-8179 • SSC@uucharlottesville.org

Is there anything else you would like us to know about your estate plans concerning UUCville?

Details of my/our estate plans concerning UUCville:

- | | |
|--|--|
| <input type="checkbox"/> Outright Bequest (in will) | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Retirement Plan Beneficiary | <input type="checkbox"/> Revocable Trust |
| <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Testamentary Trust |
| <input type="checkbox"/> Other _____ | |

Percentage/Estimated Amount (*optional*):% _____ \$ _____

- ☐ Unrestricted
- ☐ Restricted (*please specify*)

Thank You!