



Tri-County Unitarian Universalists

Intention Reply Form
Regarding My Planned Gift

Name: _____

Street Address: _____

City: _____ **State:** _____

Primary Phone: _____ **Alternate Phone:** _____

Email Address: _____

My signature below affirms that my will, trust, or other such legal document names **Tri-COUNTY UNITARIAN UNIVERSALISTS, FLORIDA, INC [TAX ID = 59-2319450]** as a beneficiary; and a copy of the language in the document is attached.

Unless otherwise specified below, your gift of cash/check will be credited to the **ENDOWMENT FUND.**

The **Board of Trustees** appreciates your commitment to the long-term financial stability of **TRI-UU.**

In recognition of your planned gift, we invite you to join our **Legacy Society.** By doing so, you can help to influence others to help secure the future of TRI-UU and its programming. The Board invites all Legacy Society members to an Annual Luncheon to further recognize you and thank you for your commitment.

Alternative Purpose of Gift (optional): _____

Please talk to our Planned Giving Committee if you wish to discuss another use for your gift.

DONOR SIGNATURE

DATE

Revision 1-18