

United Women in Faith, National Office Attention: Legacy 475 Riverside Drive, Ste. 1500 New York, NY 10115 Ph: (212) 870 - 3705



The 1869 Society	
LETTER OF INTENT	

https://uwfaith.org

Name:	Date:	
Address:		
City:	State:	Zip:
Phone:	E-mail:	
Type of gift:		
☐ Will / Living Trust		
☐ IRA / Retirement Account		
☐ Life Insurance		
☐ Bank, Brokerage or Other Financial	Account	
☐ Charitable Trust		
Other (please specify)		
My future gift to support the Legac	y Fund:	
☐ Is a percentage of my estate and is v	vorth approximately: \$	
☐ Is in the specific amount of: \$		-
☐ I wish to keep the value of my future	gift confidential	
Donor Recognition choices:		
☐ I/we wish to remain anonymous and	do not want this gift acknowledg	ged in public.
☐ I/we would like to be acknowledged	as a member of the 1869 Societ	y with the following wording:
Name as you would like it to appear:		
Signature	Date	

Please return this form to the above address.