

United Women in Faith, National Office Attention: Legacy 777 United Nations Plaza, 11th Fl. New York, NY 10017 Ph: (800) 278-7771

The 1940 Cociety

https://uwfaith.org



| The 1005  | Jociety           |                              |
|---|-------------------|------------------------------|
| LETTER O  | F INTENT          |                              |
|   |                   |                              |
| ☐ Yes! I have included United Methodist Wor         | nen or United Won | nen in Faith my estate plans |
| 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 Legacy Fund:          |                   |                              |
| ☐ Is a percentage of my estate and is worth appro   | oximately: \$     |                              |
| ☐ Is in the specific amount of: \$                  |                   |                              |
| ☐ I wish to keep the value of my future gift confid |                   |                              |
| Donor Recognition choices:                          |                   |                              |

☐ I/we wish to remain anonymous and do not want this gift acknowledged in public.

☐ I/we would like to be acknowledged as a member of the 1869 Society with the following wording:

Date \_\_\_\_\_

Please return this form to the above address.

Name as you would like it to appear:

Signature \_\_\_\_\_