

Name(s):	
Address:	
City/State/Zip:	
Phone:	Email:
Signature(s):	Date:
I/We would like Olympia Unitarian Universalist C provide a legacy gift . I/we would like to be included one criterion listed directly below (please check Included OUUC in my/our estate plan	
Named OUUC as a beneficiary in my/our: Will or Trust Life Insurance Policy Retirement Plan Donor Advised Fund Charitable Gift Annuity Other	
My/Our gift is: Unrestricted Restricted specifically for: To support OUUC's Endowment Fund Not yet determined. Please contact n	
The estimated value of my/our gift is:\$	
 % of my estate, currently valued at \$_ % of my retirement plan, currently val I/we prefer not to disclose at this time 	ued at \$ for OUUC.
I/We wish to be referred to as recognition materials.	in donor
I/We prefer to remain anonymous and do no	t wish to be recognized publicly at this time.
If you wish for us to contact a personal represent contact information here (name/phone/relations	• • • • • • • • • • • • • • • • • • • •
Thank you for supporting OULIC Please return th	is form to:

Business Manager (360) 634-2005 x 105 BusinessManager@ouuc.org Olympia Unitarian Universalist Congregation 2306 East End St. NW Olympia, WA 98502