

U.U.F.B.R. Planned Giving Information Form

Contributor Name – _____ Today's Date – _____

As a member or friend of the Unitarian Universalist Fellowship of Boca Raton, I am committed to the U.U. values exemplified by the Fellowship. This letter is written as an expression of my wish to support the continuance of those values by giving a bequest or gift to the direct support of the Fellowship or other options. I will give a copy of this document to those involved in my estate planning (see p.2).

Planned Total Contribution (if known or predetermined: amount may be variable or contingent)

The funds I intend to gift to the Fellowship should be applied as follows;

(Please circle the appropriate fund/s and insert amounts or percentages of total contribution)

Group 1 – INVESTED FUNDS

1. UUFBR Doug Hughes Legacy Operating Expenses Fund Amount / Percent _____
 - Fund that directly supports the operation of UUFBR – augment all operating expenses and cover shortfalls or unexpected expenses
2. UUFBR Capital Improvement Fund Amount / Percent _____
 - Fund that directly supports capital improvements not budgeted, create reserves, support capital campaigns
3. Endowment Unrestricted Fund Amount / Percent _____
 - A vehicle for the administration of gifts and bequests to the Fellowship for long-term development funds and special projects. No portion of distributions from the Fund shall be used for the annual operating budget of the congregation.
4. Endowment Osias Emergency Fund Amount / Percent _____
 - Fund that supports emergency situations to the UUFBR physical structures
5. Endowment Intern Minister Fund Amount / Percent _____
 - Fund that aids in the financial costs of hiring an intern minister

Group 2 – UNINVESTED FUNDS

1. Memorial Garden Amount / Percent _____
 - Fund that maintains the care of the Memorial Garden on UUFBR grounds
2. Music Fund Amount / Percent _____
 - Fund that supports the Music program at UUFBR
3. Minister's Discretionary Fund Amount / Percent _____
 - Fund that supports various needs. Administered at the Minister's discretion

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Contributor Name - _____ Today's Date - _____

Date _____

Printed Name _____

Signature _____

Mailing Address _____

Email Address _____

Best Contact Phone Number _____

Other Contacts – Name – Phone Number – Company (if applicable)

Financial Planner _____

Estate Planning Lawyer _____

Family or Other Representative _____