



THE UNITARIAN UNIVERSALIST CHURCH OF BUFFALO  
695 ELMWOOD AVENUE | BUFFALO, NY 14222  
716-885-2136 | WWW.BUFFALOUU.ORG  
THE REVEREND JOAN MONTAGNES, MINISTER

## ***Confidential***

### **Heritage Society Declaration of Intent**

The mission of the Unitarian Universalist Church of Buffalo (UUCB) continues to be advanced through the forethought and commitment of people whose personal faith and vision create the ability to provide for the church's future. Endowed philanthropic gifts provide a stream of sustainable funding that enables UUCB to remain viable and relevant, to enhance programming critical to its mission, and to create or take advantage of emerging opportunities that serve the needs of the congregation as determined by the congregation.

Unrestricted support that is placed into UUCB's Endowment Fund provides flexibility and a consistent, dependable, and enduring source of funding. Such continuity of resources will enable future generations of UUCB members to apply the funds where the need is the greatest and to carry out the mission as defined at that time.

We celebrate the commitment of forward-thinking donors who, through gifts that extend beyond their lifetimes, will provide for the future of UUCB. In their honor, the Heritage Society has been created to memorialize, in perpetuity, their support of UUCB throughout time.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Preferred Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

\_\_\_ **I/We wish to be referred to as** \_\_\_\_\_  
**in any donor recognition materials. My date of birth is** \_\_\_\_\_.

\_\_\_ **Include my spouse/partner** \_\_\_\_\_ **as a member of the**  
**Heritage Society.**  
**My spouse/partner's date of birth is** \_\_\_\_\_.

\_\_\_ **I/We wish to remain anonymous and do not wish to be recognized publicly.**

***Please complete page two, over***

## Gift Information to Help Us Plan for the Future

I/we have named the Unitarian Universalist Church of Buffalo as a beneficiary in my/our:

- |   |   |
|---|---|
| <input type="checkbox"/> Will/Living Trust        | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Retirement/IRA Plan      | <input type="checkbox"/> Charitable Gift Annuity    |
| <input type="checkbox"/> Life Insurance Policy    | <input type="checkbox"/> Other (please specify)     |
| <input type="checkbox"/> Payable on Death Account | _____   |
| <input type="checkbox"/> Donor Advised Fund       |   |

### The estimated value of my/our gift is:

\$ \_\_\_\_\_ Amount or % as stated in legacy gift noted above.

### UUCB will receive the gift:

- Upon my death  
 Upon the deaths of both my spouse/partner and I  
 Other \_\_\_\_\_

I/we understand that my/our gift will be added to UUCB's Endowment Fund unless otherwise agreed to by the UUCB Board

(As needed: A description of an alternate designation follows on p.3. I/we have discussed this arrangement with the Chair of the UUCB Board of Trustees.)

My/our attorney (or relevant advisor) is: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My/our family representative is: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Unitarian Universalist Church of Buffalo recognizes that this gift is subject to change, dependent on personal circumstances. This declaration notifies us of your current endowment gift or intentions to make an estate gift and we encourage you to seek the advice of your financial and/or other advisors.*

*Federal ID #:160778801*

**Please return completed form to UUCB Endowment Chair, Andrea Burke-Harris, Chair, UUCB Endowment Committee, at 716-812-6102; [aburkeharris@gmail.com](mailto:aburkeharris@gmail.com).**

***With gratitude, we thank you and welcome you to UUCB's Heritage Society.***

*Please complete in the event of endowment gift designation or other non-specified conditions.*

**Addendum to the Declaration of Intent of [donor name(s)]:**

\_\_\_\_\_

Description of gift:

Donor signature \_\_\_\_\_ Date \_\_\_\_\_

Donor signature \_\_\_\_\_ Date \_\_\_\_\_

Chair, UUCB Board of Trustees signature \_\_\_\_\_ Date \_\_\_\_\_