United Way of the Columbia-Willamette



YOUR LEGACY AT UNITED WAY

Joint Planned Gift Notification Form

Thank you for your support of the United Way of the Columbia-Willamette (UWCW). We are honored to be a part of your legacy.

Your partnership sustains our mission to improve lives, strengthen communities and advance equity by mobilizing the caring power of people across our region. By informing us of your intention to include UWCW in your estate plans, you enable us to acknowledge your generous commitment, while also empowering us to make bold, strategic plans for the future of our community.

Please tell us about yourselves

Name 1	Birthdate <i>(mor</i>	Birthdate (month/date only if preferred)	
Email Phone			
Name 2	Birthdate (month/date only if preferred)		
Email Phone			
Address ZIP	City	State	
We would be very grateful to hear about why y	ou support UWCW a	nd how it's meaningful to you.	
Please tell us about how you would like your g UWCW. This will help us to ensure that your wi We would like UWCW to apply our contributi	ishes are honored at	the time your gift is received.	
□We would like to restrict our gift to the Unite be used for generations to come and contribut %	•		
\square We are making this gift $\ \square$ In honor of $\ \square$ In	memory of		

We would deeply appreciate some basic information on your gift, which will help in our strategic planning for the future. Please provide as much information as you are comfortable sharing.

It is our intent to leave a legacy for United Way of the Columbia-Willamette through our:

□Will □Trust □Retirement Account □Life Insurance Poli Other	су 🗆		
Estimated value of your legacy gift Specific Amount			
☐ Percentage of estate% Estimated to be \$			
Is UWCW a $\ \square$ Primary or $\ \square$ Contingent beneficiary?			
United Way of the Columbia-Willamette United Way Way	YOUR LEGACY AT UNITED WAY Joint Planned Gift Notification Form		
Legacy Circle recognition We consider all supporters who include a gift of any amount to U honored members of our Legacy Circle. If you choose to grant permembers in UWCW collateral, your commitment can inspire other hope you will allow us to recognize and celebrate your generous	ermission to be listed as Legacy Circle rs to consider their own legacies. We		
□ We authorize including our names in UWCW's publications in motivation for others to leave a future gift to benefit United W Please list as:			
Please clearly print or type as it should appear			
\Box We prefer to remain anonymous, while enjoying the other benefit	efits of Legacy Circle membership.		
Additional information It's especially helpful to have a copy of the portion of your will/trepertains to your gift to United Way of the Columbia-Willamette. It intended gift and fulfill your wishes.	, ,		
\square Please check this box if you are attaching documentation for	our files.		
Signature 1	 Date		
Signature 2			

At UWCW, we recognize that values of deferred gifts as well as the provisions themselves may change over time. Your signature verifies only that the above information is accurate as of this date and does not represent a binding legal commitment to UWCW. Please inform us should you update your gift plans to ensure it is administered in the way you intend.

Return to

Michelle House, Director of Gift Processing United Way of the Columbia-Willamette 619 SW 11th Avenue Portland, OR 97205 donations@unitedway-pdx.org | 503.226.9383

United Way of the Columbia-Willamette Tax ID#: 93-0582124

Internal – SOP – Copy to fileserve, Copy to VP Finance, Attach to donor's Salesforce record