Unitarian Universalist
Congregation of the Lowcountry

Chalice Keepers - Preserving the Spirit Of Life

CONFIDENTIAL BEQUEST REPLY FORM

Date: _____

Name (1) ▫ Please list as Anonymous Birthdate

Name (2) ▫ Please list as Anonymous Birthdate

Address City State Zip

Email (1) Cell Home

Email (2) Cell Home

▫ Yes, Unitarian Universalist Congregation of the Lowcountry is in my/our estate plans (Check one box below)

- ▫ I/we do not wish to share the details of our estate plans at this time.
- ▫ I/we have shared details **in the box on the reverse side.**

Is there anything else you would like us to know about your estate plans concerning Unitarian Universalist Congregation of the Lowcountry?

Signature (1) Date

Signature (2) Date

Please return this form to:
UUCL
Attn: Chalice Keepers
110 Malphrus Road
Bluffton, South Carolina 29910

For more information completing this form please contact:
Patricia Friedman (pmhsmf@gmail.com)
Frank Flaumenhaft (flaumenhaft843@aol.com)
Dick Hood (reh148@hotmail.com)
Linda LaBarreare (labarrearel@gmail.com)

Thank you for supporting the future of Unitarian Universalist Congregation of the Lowcountry.

Details of my/our estate plans concerning Unitarian Universalist Congregation of the Lowcountry:

- ▫ Outright Bequest (in will)
- ▫ Life Insurance Policy
- ▫ Retirement Plan Beneficiary
- ▫ Revocable Trust
- ▫ Charitable Remainder Trust
- ▫ Testamentary Trust
- ▫ Other_____

Percentage/Estimated Amount (*optional*): %_____ $_____

- □ Unrestricted
- □ Restricted (*please specify any restrictions*)

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