



The Flaming Chalice Circle

CONFIDENTIAL INFORMATION ABOUT YOUR ESTATE INTENTIONS

Name _____ Church affiliation _____

Mailing Address _____

Date of Birth: _____

I have made provisions for UUSC in my estate as follows:

- | | Estimated Amount of the
Current Value of your Gift |
|---|---|
| <input type="checkbox"/> Fixed dollar amount as an outright gift in: _____ My Will or Trust _____ Surviving spouse or partner's Will or Trust | \$ _____ |
| <input type="checkbox"/> Percentage (____%) for UUSC of the residue clause of a _____ Will or _____ Revocable Trust | \$ _____ |
| <input type="checkbox"/> Percentage (____%) remainder for UUSC in a Charitable Trust | \$ _____ |
| <input type="checkbox"/> Percentage (____%) for UUSC as beneficiary of IRA, 401(k), TIAA-CREF or other pre-tax retirement account | \$ _____ |
| <input type="checkbox"/> Other, please check if applicable: | \$ _____ |

____ Contingent provision to take effect if other beneficiaries predecease me

____ Beneficiary of a paid up life insurance policy

____ Gift of real estate

____ Personal property, including art, personal collections, etc.

Designation: I would like my gift to support the following program:

Used where need is greatest

Environmental Justice

Economic Justice

Rights in Humanitarian Crisis

Civil Liberties

College of Social Justice

Policy and Advocacy

Public Recognition:

May we publicly honor you as a member of the Flaming Chalice Circle so that others may be inspired to give through your example? Yes No

Attachments or letters that further describe the nature of the above provision(s) are welcome. By signing this form, I am informing UUSC that the above provisions are in effect as of this date; however, there is no binding pledge intended or assumed.

Date: _____

Signature _____

**Please return to: UUSC <> Institutional Advancement Office <> 689 Massachusetts Ave
Cambridge, MA 02139 <> 617-868-6600**