Legacy Intention

PLEASE KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS AND SEND ONE TO YOUR ATTORNEY.

By completing this form and returning it to us, you become a member of our Legacy Society!

Full Name Person 1:		
Full Name Person 2:		
	Legacy Intent to remain anonymous. (But please know that the ed list of Legacy Society members.)	e Foundation would very much appreciate
	ave made the following provision(s) for a <u>called and Foundation</u> Tax ID #43-1968342 in the	
☐ A Bequest in my Will on	my Trust [Excluding gifts designated to complete	e an Operating Pledge]
☐ A Beneficiary Designati	on on my Retirement Accounts or my Life Insu	urance (or Annuity) Program
☐ Another Income or Resi	dual provision in another financial instrument	:
☐ Other Planning Docume	ents:	
, o	to the Ministers or Staff of the First Unitari n Church of Portland Foundation to conta Vill or Estate Plan.	
Please contact:		
Name:		
Address:		
This is a non-binding in	tention form.	
Signature	 Signature	 Date