



UCDA Foundation
 199 Enon Springs Road West
 Suite 400
 Smyrna, Tennessee 37167

615-459-4559
 615-459-5229 fax
 ucdafoundation.org

STATEMENT OF FUTURE GIFTS

As a part of my/our commitment to the future of UCDA, I/we have made the following provisions:

 NAME BIRTHDATE

 NAME BIRTHDATE

 ADDRESS CITY STATE ZIP

 E-MAIL PHONE CELL PHONE

I/we have made provision(s) for UCDA in the following manner:

- Outright bequest payable upon my/our death(s) directly to the UCDA Foundation
- Provision in will of surviving spouse payable to UCDA Foundation at death
- Charitable remainder trust with UCDA Foundation named as a revocable charitable beneficiary
- Testamentary trust established at death, naming UCDA Foundation as a charitable beneficiary
- Life insurance payable to UCDA Foundation
- Beneficiary on an IRA, pension plan, 401(k), 403(b) or revocable living trust
- Other _____

Please provide an estimate of the current value of your future gift to UCDA Foundation. \$_____ However, I/we understand that future fluctuations/changes in the market/economy may have an impact on this value. It is understood that the commitment is revocable and not binding on my estate. All information will be kept confidential.

Gift designation(s): Endowment Operations/Current Needs Other

Designated program area(s) _____

Note: Unrestricted gifts are the most powerful resources because of the ever-changing priorities and needs of UCDA.

Check all that apply:

- I/we have enclosed or will provide a copy of the estate plan document that pertains to my/our future gift for the UCDA Foundation.
- I/we accept membership in the UCDA Legacy Society. (No value will be printed or released without permission.)
 - I/we wish to be anonymous member(s) of the UCDA Foundation.
- Please inform the following individual(s) of the future gift plans: _____

 SIGNATURE DATE

 SIGNATURE DATE