



### CONFIDENTIAL BEQUEST REPLY FORM

Date: \_\_\_\_\_

\_\_\_\_\_

Name (1) <input type="checkbox"/> Please list as Anonymous	Birthdate
--	-----------

\_\_\_\_\_

Name (2) <input type="checkbox"/> Please list as Anonymous	Birthdate
--	-----------

Address	City	State	Zip
---------	------	-------	-----

Email (1)	Cell	Home
-----------	------	------

Email (2)	Cell	Home
-----------	------	------

- Yes, Shoreline Unitarian Universalist Society is in my/our estate plans
  - I/we do not wish to share the details of our estate plans at this time.
  - Details on reverse**

Is there anything else you would like us to know about your estate plans concerning [name of congregation]?

\_\_\_\_\_

\_\_\_\_\_

Signature (1)	Date
---------------	------

Signature (2)	Date
---------------	------

*Thank you for supporting the future of Shoreline Unitarian Universalist Society*

**Details of my/our estate plans concerning [name of congregation]:**

- |  |  |
|--|--|
| <input type="checkbox"/> Outright Bequest (in will)  | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Retirement Plan Beneficiary | <input type="checkbox"/> Revocable Trust       |
| <input type="checkbox"/> Charitable Remainder Trust  | <input type="checkbox"/> Testamentary Trust    |
| <input type="checkbox"/> Other _____                 |  |

Percentage/Estimated Amount (*optional*):% \_\_\_\_\_ \$ \_\_\_\_\_

- Unrestricted
- Restricted (*please specify*)
- \_\_\_\_\_
- \_\_\_\_\_

*Please return this form to:*

**Shoreline Unitarian Universalist Society**  
**297 Boston Post Road Madison, CT 06443**  
**ATTN: Legacy Team**  
**[legacy@shorelineunitarian.org](mailto:legacy@shorelineunitarian.org)**

