



## United Way of the Laurel Highlands – Letter of Intent

I/We believe in joining the United Way of the Laurel Highlands in investing in the futures of children, families, and those who are in need in Cambria & Somerset Counties. I/We intend to make and impact in my/our community for generations to come by affirming that I/we have made, or intent to make, a lasting gift to the United Way of the Laurel Highlands.

Please complete the following fields:

Name(s): \_\_\_\_\_

Date of Birth(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We have made or will make the following gift(s) to the United Way of the Laurel Highlands:

**BEQUEST/LEGACY GIFT**  
 Bequest in My Will    -or-     Living Trust

**LIFE INSURANCE**  
Life insurance designated to the United Way of the Laurel Highlands as:  
 Beneficiary    -or-     Owner

**CHARITABLE GIFT ANNUITY/LEAD TRUST/REMAINDER TRUST**  
 Life Income Gift to benefit me or my family (i.e. Charitable Gift Annuity, Charitable Remainder Trust) during my/our lifetime, then the United Way of the Laurel Highlands  
 Creation of a Charitable Lead Trust  
 Retained Life Estate with the ability to continue using the property for the remainder of my/our life, then benefitting the United Way of the Laurel Highlands.

**OUTRIGHT GIFT**  
 An outright gift (please specify):    Cash    Stock    Real Estate  
 Other Personal Property: \_\_\_\_\_

**ENDOWED GIFT**  
 Endow our Tocqueville or other annual gift to ensure its perpetuity for the future (typically 20-25 times annual gift or a minimum of \$200,000/\$250,000\*\*)  
 Other Gift of: \_\_\_\_\_

**RETIREMENT PLAN**  
 Qualified Pension Plan designating the United Way of the Laurel Highlands as a beneficiary.

**RECOGNITION**

I/We authorize recognition of this gift in the United Way of the Laurel Highland's publications in the following name(s):  
(Please print) \_\_\_\_\_

I/We prefer to remain anonymous, while enjoying all other benefits of membership.

**DONOR INTENT**

My/Our gift is unrestricted and should be used for charitable purposes as determined by the United Way of the Laurel Highlands.

My/Our gift is restricted to the United Way of the Laurel Highlands Endowment fund to be used for the benefit of generations to come, to contribute to sustainable funding, and to perpetuate my support of my community.

\_\_\_\_\_  
(purpose)

I/We would like this gift to be restricted to:

\_\_\_\_\_  
(purpose)

**OPTIONAL**

It is helpful to the United Way of the Laurel Highlands to know of future expectancies and a general sense of the gifts that have been pledged through the United Way of the Laurel Highlands Endowment/Planned Giving Fund. If you are able to share the amount you have pledged, please do so here. The terms of your gift can remain confidential.

PLEASE HAVE A REPRESENTATIVE FROM THE UNITED WAY OF THE LAUREL HIGHLANDS CONTACT ME TO DISCUSS MY GIFT.

PLEASE RETURN TO:

United Way of the Laurel Highlands  
422 Main Street, Suite 203  
Johnstown, PA 15901  
814-535-2563

OR

EMAIL A SCANNED COPY TO:

[Admin@uwlaurel.org](mailto:Admin@uwlaurel.org)

