



United Way Durham Region Tomorrow Fund Promise Form

MY/OUR PROMISE

I/We, _____, wish to be part of Durham Region's future with a planned gift to the Tomorrow Fund, helping to ensure that future generations will also benefit from programs and initiatives that build a better community for all.

PROMISE DETAILS

I/WE will provide for United Way Durham Region in my/our estate or deferred giving plans through:

- | | |
|--|---|
| <input type="checkbox"/> Bequest in a Will or Living Trust | <input type="checkbox"/> Life Insurance (existing or new) |
| <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Gift of Policy |
| <input type="checkbox"/> Gift of Securities | <input type="checkbox"/> United Way as Beneficiary |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Real Estate | |

The estimate value of this planned gift is _____ (Optional and Confidential)

PURPOSE AND INVESTMENT DIRECTION

We may follow up with you to ensure that the purpose and investment direction of your gift are fully understood.

- My/Our gift should be used immediately to benefit the community.
- My/Our gift should be invested in the Tomorrow Fund to support future needs of the community:
- As an endowed gift As a non-endowed gift
- United Way Board of Directors should determine how my gift can best be used to support the work of United Way
- I/We would like to have my/our gift support: _____

CELEBRATING YOUR PROMISE

We would like to recognize the generosity of your promise gift and ask you to consider the following:

- I/We would like to be recognized as Tomorrow Fund Promise Donors, and have my/our names published in annual reports and other Tomorrow Fund communications, and I/We consent to such publication.

Please list my/our Promise Donor recognition name as follows: _____

- I/We prefer to remain anonymous, but still wish to receive information and updates about the Tomorrow Fund (annual reports, event invitations).
- I/We prefer to remain anonymous and do not wish to receive future communications about planned gifts or the Tomorrow Fund.

CONTACT INFORMATION

1. Donor Signature _____ 2. Donor Signature (if applicable) _____
 Date of Birth (optional) _____ Date of Birth (optional) _____
 Home Address _____ City/Province _____ Postal Code _____
 Primary Phone (____) _____ - _____ Email _____

Name and contact information of your executor/lawyer/family member we may communicate with, when your gift is received, to ensure your intentions are carried out and to share details about the impact of your gift:

My preference for Tomorrow Fund communication is: Email Mail Phone



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