## CHARITABLE GIFT DESIGNATIONS THROUGH BEQUEST



DONOR INFORMATION (Please print)								
Name(s):								
Mailing Address:								
City:		State:	Zip:					
Daytime Phone:	Evening Phone:		Email:					

It is my intent to name the following charity(ies) as beneficiary(ies) through bequest. Please divide 100% of the remainder balance at my/our death to the below non-profit organizations. (Please use additional pages if necessary)

Organization:						Percentag	e:	
Mailing Address:						_		
Organization:						Percentag	e:	
Mailing Address:						_		
Organization:						Percentag	e:	
Mailing Address:						_		
Organization:						Percentag	e:	
Mailing Address:						-		
The charitable organization(s) ma	y be notified of my recomme	ndation now?		Yes		No		
My spouse may change this recommendation after my death?				Yes		No		N/A
I/We have chosen to irrevoc irrevocable, designations ma		ofit organization(s) INITIAL_	bene	ficiary(ies	s) at thi -	s time. (If n	ot	
Donor 1 Signature	Date	Donor	Donor 2 Signature			Date		

If you have any questions regarding this form or you require service, please call Univest Foundation at 215.703.5247 between 8:00 AM and 5:00 PM EST Monday through Friday or email univestfoundation@univest.net.

Please submit the completed Authorization Request to Univest Foundation via mail: P.O. Box 64559, Souderton, PA 18964. Or, you may submit via fax: 215.721.4010.