



**Yes, I/We would like to make a tax-deductible donation to UCFS.**

My/Our gift is \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

**Levels of Giving:**

Friend	\$100+
Supporter	\$250+
Patron	\$500+
Benefactor	\$1,000+
Believer	\$2,500+

- I would like information about including UCFS in my will.
- I have already included UCFS in my will and would like to be included in the Believer Society.
- Please contact me about volunteer opportunities at UCFS.
- Please call me.
- Please do not list my name in the UCFS Annual Report.

Please return this completed form to:

UCFS  
Attention: Pamela Allen Kinder  
47 Town Street  
Norwich, CT 06360-2326

*Your support of UCFS is gratefully appreciated!*