



## PLANNED GIVING COMMITMENT FORM

I/We have included the ASHP Foundation in my estate plans.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

☐ I wish to be recognized in the ASHP Foundation Legacy Society as follows:

\_\_\_\_\_

☐ I wish to remain anonymous.

### Type of Planned Gift:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bequest through will or trust | <input type="checkbox"/> Life insurance policy beneficiary | <input type="checkbox"/> Retirement plan/IRA   |
| <input type="checkbox"/> Charitable gift annuity       | <input type="checkbox"/> Charitable remainder trust        | <input type="checkbox"/> Charitable lead trust |
| <input type="checkbox"/> Living trust                  | <input type="checkbox"/> Other trust                       | <input type="checkbox"/> Other _____           |

Please add any other details you wish to share: \_\_\_\_\_

*All information provided will be kept strictly confidential.*

### Purpose of Planned Gift:

- ☐ The gift is unrestricted to provide maximum flexibility for the ASHP Foundation
- ☐ I have a purpose in mind that I would like to discuss with you.

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

**PLEASE RETURN TO:** Martha Crews, Vice President for Development, ASHP Foundation, 4500 East-West Highway, Suite 900, Bethesda, MD 20814

Completion of this form is a notification of intent only and not intended to be legally binding. Please discuss your planned giving intentions with your professional financial and legal advisors. The ASHP Foundation is a tax-exempt nonprofit organization recognized by section 501 (c)3 of the internal Revenue code. Tax ID # is 23-7033369. Contributions are tax deductible to the extents allowed by law.