



Legacy Giving Statement of Intent

This statement is an expression of my intent to provide for the future of Americans for Nonsmokers' Rights (ANR) and/or the ANR Foundation (ANRF) through a planned or estate gift.

The provision(s) made include the following:

- An outright bequest upon the passing of the donor, or the passing of the donor and spouse.
- A life insurance policy, in which ANR/F is named as beneficiary or owner and beneficiary.
- Retirement assets, in which ANR/F is named as a beneficiary.
- A trust agreement, with income reserved for the donor, spouse, or other income beneficiary.
- Other (please specify) _____

Though it is not necessary to provide, this information may help our Board of Directors make determinations regarding ANR/F's financial future.

The estimated value of my (our) gift is \$_____.

Purpose

It is my wish that the gift be used:

- At ANR/F's discretion.
- For the following existing purpose: _____

- To create the following fund (please provide fund name and purpose): _____

Recognition*

ANR/F appreciates the opportunity to acknowledge your commitment to ANR/F by publicly recognizing your contribution. We regularly print our list of **Smokefree Air Society** members in Update and our annual report.

If you prefer to remain anonymous, however, we will respect your wishes.

- _____ I (we) permit ANR/F to use my/our name(s) in printed lists of planned gifts, which may appear in ANR/F's annual report, newsletter, web site and/or other publications.
- _____ I (we) prefer to remain anonymous during my/our lifetime(s). You may recognize my/our gift after you receive it.
- _____ I (we) prefer to remain anonymous during and after my/our lifetime(s).

Donor Signature

Date

Printed Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: (H) _____

(W) _____

(C) _____

email: _____

Date of Birth: _____

Spouse's Signature

Date

Printed Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: (H) _____

(W) _____

(C) _____

email: _____

Date of Birth: _____

**Note for couples: We are happy to list you either separately or as a couple, depending on your preference. If you would like to be recognized as a couple, please complete this form accordingly. If you are making separate planned gifts and prefer to be listed individually in all documents and/or publications, please submit separate forms, one in each name.*