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.