



American Osteopathic Foundation
AOF Legacy Society
Declaration of Future Intent

When you document your intentions with the American Osteopathic Foundation (AOF), you will be invited to join the AOF Legacy Society – a very special group of individuals who have designated the AOF in their estate plans. This kind of thoughtful deferred gift is important to the future of the AOF and allows you to fulfill your legacy. Documenting your future generosity will ensure that your wishes are met and that your gift have the impact you intend.

Join the AOF Legacy Society by December 31, 2021 and become part of the **Founders Circle!** With permission, members will receive special recognition and other exclusive opportunities.

To join the AOF Legacy Society, please complete this form and return to the AOF as indicated below. If you wish to obtain further information first, please use the contact information on the other side of this form.

My/Our Information

Name(s) _____ Spouse Name (if joint gift) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Gift Information

I/We have provided for the American Osteopathic Foundation as set forth in my/our:

☐ Will or Trust

☐ Other Asset(s) (please describe):

☐ Life Insurance Policy

☐ Retirement Plan or Beneficiary Designation

(401(k), 403(b), IRA, Keogh, Brokerage Account)

☐ The American Osteopathic Foundation, Inc. (AOF) is a contingent beneficiary of the indicated asset above (please explain): _____

The current estimated value of my/our gift is \$ _____. My/Our gift is _____ % of the asset indicated above. If a percentage is given, the current estimated value of the percent in today's dollars is \$ _____.

Please complete other side

Gift Purpose

Unless other arrangements are made, funds will be used for the unrestricted use of the Foundation's strategic priorities that support programs and services that promote osteopathic medicine and enhance patient-centered care.

- ☐ My gift may be used for the Foundation's strategic priorities and directed where it will do the most good.
- ☐ I/We would like for the AOF to use this future gift for: _____
- _____
- _____

Recognition

- ☐ I wish to be part of the AOF Legacy Society.
- ☐ I wish to also be a part of the Founders Circle and give the AOF permission to use my name in related planned giving materials and on the AOF website.

Please also respond to the following:

- ☐ Please list my/our name(s) as follows: _____
- ☐ I prefer no public recognition.

Documenting your intentions will ensure. My signature below indicates that I have met with my attorney or financial advisor and I've made provisions in my estate plans to include the American Osteopathic Foundation.

SIGNATURE OF DONOR

DATE

SPOUSE SIGNATURE (IF JOINT)

DATE

Please return this form to:
American Osteopathic Foundation
142 E. Ontario Street, Suite 1450
Chicago, Illinois 60611

For more information, please contact:
Terry Sanders, Director of Development
Phone: (312) 202-8230
Email: TLSanders@aof.org