

alzheimer's association™

the compassion to care, the leadership to conquer

Recognition for the FOUNDERS SOCIETY

1. YOUR RECOGNITION PREFERENCES

Please take a few moments to let us know how you wish to have your gift acknowledged.

____ Realizing that my example may encourage others to include the Alzheimer's Association in their estate plans, I hereby give permission for my name to be recognized as indicated below.

Name(s) _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Telephone _____

Birthdate(s) _____

____ I prefer to participate anonymously and request that you do not publish my name.

2. CONFIDENTIAL INFORMATION

All disclosures from Founders Society donors are kept confidential, whether the gift is to be publicly acknowledged in our annual report or remain anonymous. **This section is entirely optional and always confidential.** However, this information is of great benefit to us in planning for the future.

And we are always grateful for a copy of the portion of the instrument that refers to your intended gift to the Alzheimer's Association. This documentation is important so that we may properly steward your gift as you intended through your estate plan.

My estate plan is completed and provides for the Alzheimer's Association as follows:

- | | |
|--|--|
| <input type="checkbox"/> Bequest in Will | <input type="checkbox"/> Beneficiary of Charitable Remainder Trust |
| <input type="checkbox"/> Beneficiary of Living Trust | <input type="checkbox"/> Qualified Retirement Plan (IRA, 401 k, Keogh, etc.) |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Beneficiary of a Life Insurance Policy |

- My gift is: Unrestricted Restricted
- Advocacy and Public Policy
 - Programs and Services
 - Research

Approximate value of my estate gift to the Alzheimer's Association \$ _____

alzheimer's association™

the compassion to care, the leadership to conquer

My gift is in honor/memory of _____

I was motivated to make this gift to the Alzheimer's Association because _____

Date

Signature

Signature

Please return this form to one of the contacts below:

Karen M. McAllister
Associate Director of Planned Giving, Northeast
Alzheimer's Association
40 Seymour Avenue
West Hartford, CT 06119
(860) 570-0787

Toni Ann Daley
Director of Fund Development
Alzheimer's Association Central New York Chapter
441 West Kirkpatrick Street
Syracuse, NY 13204
(315) 472-4201 ext. 109