

Estate Intention Form

(AHLA Federal ID: 23-7333380)

This is a confidential record. In order that we may include you in our planned giving records, value your future gift for any campaign purposes and properly thank you and acknowledge your gift, please fill out the following information which applies to your future gift of a bequest through your Will or Trust.

☐ I look forward to talking with you about this gift intention. I understand that listing this gift may be an incentive for others to give and I am willing to be publicly acknowledged.

☐ I understand you would like to contact me and I would be happy to discuss this with you but I prefer not to be listed or acknowledged publicly.

My Will/Trust was signed on: _____

My Will/Trust provides that _____% shall be bequeathed to American Health Law Association through my estate. As of today's date, I estimate that the value of this provision in my estate plan would be approximately \$ _____.

My Will/Trust provides that \$ _____ shall be bequeathed to American Health Law Association through my estate.

☐ My Will/Trust indicates that the bequest through my estate is unrestricted.

I understand that I am not making a legal, or binding, commitment upon my estate by submitting this Estate Intention Form. Further, American Health Law Association should understand that the size of my future gift might be significantly different from the amount estimated above for the purposes of valuation in any campaign. If for any reason in the future American Health Law Association is no longer included in my estate plan, I will notify you so that you can update your records and remove me from the planned giving society.

Donor Name: _____ Date: _____

Phone Number: _____ Email: _____

Please fill this out then print it and fax or mail it to:

Fax: 202-775-2482

Mail: American Health Law Association

1099 14th St NW Ste 925

Washington DC 20005