



Deferred Gift Commitment Form
STATEMENT OF CHARITABLE INTENT

I/We are pleased to confirm that an estate provision has been made for The Academy of Architecture for Health Foundation as follows:

- | | |
|---|--|
| <input type="checkbox"/> bequest (will) | <input type="checkbox"/> externally managed charitable trust |
| <input type="checkbox"/> revocable trust | <input type="checkbox"/> charitable remainder trust |
| <input type="checkbox"/> retirement account designation | <input type="checkbox"/> charitable gift annuity |
| <input type="checkbox"/> life insurance beneficiary | <input type="checkbox"/> charitable lead trust |
| <input type="checkbox"/> life insurance owner | <input type="checkbox"/> other (describe below) |

Gift Details (contingencies)/Nature of Estate Provision (*percentage of estate, description of gift property, specific amount, residue*): _____

My best estimate of the current value of this gift is \$ _____

I/We want this gift to be used for _____

I/We wish to remain anonymous.

Please provide a copy of the relevant pages of your documentation that directs your estate gift to The Academy of Architecture for Health Foundation.

This form is for the Foundation’s records only. I/We understand it is not legally binding upon my/our estate as to the ultimate receipt or value of this gift.

_____ Donor Name	_____ Birthdate
_____ Signature	_____ Date

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_____ Signature	_____ Date

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The Foundation for Health Environments Research is an independent 501(c)(3) non-profit organization.