

Bequest Intention Form | Confidential

Name(s): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Out of a current desire to support the future well-being of the AIDS Foundation of Chicago (AFC), my/our estate plan provides for AFC as follows:

- There is a charitable bequest in my/our will to benefit AFC. It includes:
 - a specific dollar amount _____
 - a percentage of my estate _____
 - the residue of my estate

- AFC is the beneficiary of:
 - an insurance policy
 - a charitable gift annuity
 - a charitable remainder trust
 - an IRA or other retirement plan

The AFC Legacy Society With your permission, we would like to include your name(s) in our Society listing which appears in our Annual Report and on our website. Please indicate your preference for publishing your name(s).

- I/We would like others to be encouraged by my/our example, I/we give permission for my/our name(s) to be published.
- I/We also would be interested in sharing my/our story with the AFC community.
- I/We would like to remain anonymous and prefer that my/our name(s) not be published.

Signature: _____ Date: _____

Signature: _____ Date: _____