



WILLS, TRUSTS, AND ESTATES

Please complete and return this form to provide your intent for a bequest to OFAF.

I have included the Orthopaedic Foot & Ankle Foundation as a beneficiary of my trust or estate plan as follows. I understand that this does not legally obligate me or my estate in any way.

PLANNED GIFT TYPE

- Will or Living Trust (Bequest)
- Retirement Plan Beneficiary Designation
- Other (Please indicate Planned Gift Type): _____
- Life Insurance
- Charitable Remainder Trust (CRT)

The estimated value of my gift is \$ _____

I intend my gift to be used for (e.g.: Greatest Need, Education, Research, Humanitarian Efforts): _____

RECOGNITION

The Foundation appreciates the opportunity to acknowledge your commitment to the community by publicly recognizing your contribution. If you prefer to remain anonymous, however, we will respect your wishes.

- I/we permit the Foundation to use my/our name(s) in published lists of planned gifts, which may appear in AOFAS or Foundation written or electronic publications and/or website in the following manner:

- I/we prefer to remain anonymous during my/our lifetime(s). You may recognize my/our gift after you receive it.
- I/we prefer to remain anonymous during and after my/our lifetime(s).

Name _____ Institution/Practice _____

Preferred Address _____ Business Residence

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Phone _____ Fax _____ Email _____

COMMITMENT

Your Signature _____ Date _____

Spouse's signature _____ Date _____

- I consent to being contacted by the Foundation regarding my gift

INFORMATION REQUEST

I would like more information on making a charitable contribution to the Foundation through a:

- Will or Living Trust (Bequest)
- Charitable Gift Annuity or Deferred Gift Annuity
- Qualified Charitable Distribution from IRA
- Other _____
- Charitable Remainder Trust (CRT)
- Retirement Plan Beneficiary Designation
- Gift of Life Insurance

Thank you for your commitment to the Foundation and your investment in the future of our specialty.

Please scan and email this form to foundation@aofas.org or mail to:

Orthopaedic Foot & Ankle Foundation, 9400 West Higgins Road, Suite 220, Rosemont, IL 60018-4975
Phone: 800-235-4855 • Fax: 847-692-3315
The Foundation is a 501(c)(3) organization. Tax ID number is 30-0234329