



American Osteopathic Foundation Planned Giving Statement of Intent

To provide for the American Osteopathic Foundation (AOF), I have included a future gift as set forth in my:

- ☐ Will or Trust
- ☐ Life Insurance Policy
- ☐ Retirement Plan or Beneficiary Designation

Other (please describe):

The current estimated value of my gift is \$ _____.

Name _____ Spouse name (if joint gift) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Gift Purpose

- ☐ To be used for the AOF strategic priorities.
- ☐ My intention is for this future gift to be used for: _____

Recognition in the AOF Legacy Society

- ☐ I grant permission to disclose my name(s), listed as _____
- ☐ I wish to remain anonymous.

I understand this form does not create a binding obligation and details about my gift will remain confidential.

Signature

Signature of Spouse (if joint)

Date

Although optional, providing contact information of the Executor, Trustee, Attorney, and/or Company Representative is very helpful:

Name _____ Company _____

Address: _____

Phone _____ Email _____

Please return this form by mail or email:

American Osteopathic Foundation
142 E. Ontario Street, Suite 1450
Chicago, Illinois 60611

Scott Park, Major and Planned Gifts
Officer Phone: (312) 202-8232
Email: spark@aof.org