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### **ACHF Legacy Society – *Planned Gifts for the Future of College Health***

### **Planned Gift Declaration of Intent**

Name(s): Phone:

As an expression of my/our desire to help advance the future of college health and well-being, it is my/our intent to include the American College Health Foundation (ACHF) in my/our estate plans.

I/we have made the following provision for ACHF (Tax ID 52-1746232)

\_\_\_\_ A gift in my/our will or trust

\_\_\_\_ A gift of retirement plan assets

\_\_\_\_ A gift of life insurance proceeds

\_\_\_\_ Other gift provision (specify)

The current value of my/or gift is approximately $ .

I would like my/our gift to be:

\_\_\_\_ Directed to ACHF’s strategic priorities (unrestricted)

\_\_\_\_ Restricted to the following area I have discussed with the Foundation:

Notes:

In the future, should my/our specific restricted purpose no longer align with the Foundation’s strategic priorities, I/we authorize the ACHF Board of Directors to direct all monies received to the closest possible use.

Signature(s): Date:

\_\_\_\_ ACHF has my/our permission to recognize this gift to help encourage others to consider similar gifts.

Name(s) as you wish to be listed:

\_\_\_\_ I/we prefer to remain anonymous.

*The Foundation recommends that all estate planning be done in consultation with a qualified tax attorney and/or financial advisor. Please attach relevant estate plan documentation to assist ACHF in honoring your intent.*

Please send your completed form to the American College Health Foundation at [achf@acha.org](mailto:achf@acha.org) or 8455 Colesville Road, Suite 740, Silver Spring, MD 20910