ACHF
American College Health Foundation

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

## Planned Gift Declaration of Intent

**Name(s):**_____
**Email:**_____ **Phone:**_____
**Address:**_____

**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 life insurance proceeds
- ☐ A gift of retirement plan assets
- ☐ Other gift provision (specify)_____

_____

**The current value of my/our 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:

**Additional Information:**

_____
_____
_____

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 or 8455 Colesville Road, Suite 740, Silver Spring, MD 20910**