



RESPIRATORY HEALTH ASSOCIATION®

Legacy Gift Confirmation Form

Thank you for making Respiratory Health Association's mission a part of your legacy.

We are deeply grateful for this commitment and for your partnership in creating a future of healthy lungs and clean air for all.

Donor's Name(s): _____

Name of Spouse/Other Beneficiary: _____

Date(s) of Birth: ____/____/____ (Donor) ____/____/____ (Spouse/Other Beneficiary)

Confirmation

Type of Planned Gift

- Will IRA Retirement Plan Trust CGA
 Insurance Policy Other (please contact RHA staff)

Optional Estimated Amount: _____ or Percent of Estate: _____

Designation of Gift

- Unrestricted, I would like for this gift to support areas of greatest need
 Restricted, please use the gift to support the following program:

 Other (please contact RHA for endowment gift opportunities)

Executor of the Estate

Name: _____

Phone: _____

Email: _____

Acknowledgement

- Yes, I give RHA permission to publish my/our name(s) in publications and donor acknowledgments as members of the planned giving society. Please list our names as: _____
- No, I/we prefer that this gift remain anonymous.

I understand that that I am not making a legal or binding commitment by submitting this gift confirmation form.

Signed: _____

Print Name: _____

Signature of Spouse/Other Beneficiary: _____

Name of Spouse/Other Beneficiary: _____

Date: _____

Please return this form to RHA
Respiratory Health Association
Development
1440 West Washington Boulevard
Chicago, Illinois 60607

Please contact RHA Development Director Anastasia Schriber with any questions at (312) 628-0251 or aschriber@resphealth.org