



## Planned Gift Intent Form

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone with Area Code \_\_\_\_\_

E-mail \_\_\_\_\_

I/We have named NF2 BioSolutions as a beneficiary in my/our:

\_\_\_\_\_ Will or Revocable Trust

\_\_\_\_\_ Charitable Remainder Trust

\_\_\_\_\_ Life Insurance Policy

\_\_\_\_\_ Retirement Assets

I/We understand that my/our planned gift will be used as “Unrestricted Funds.” This means that the Board of Directors of NF2 BioSolutions will responsibly use my/our gift where needed and in the most prudent fashion to aid our mission find a cure for Neurofibromatosis Type 2.

For your intention to provide this future support, NF2 BioSolutions wishes to recognize you as a member of our Planned Giving Legacy Society.

\_\_\_\_\_ I/We will allow our names to be listed on a donor wall and/or in NF2 BioSolutions publications.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

To help us with future planning, please consider providing a copy of the relevant portions of the legal or financial documents relating to your future gift and/or the following information:

Gift dollar amount: \$ \_\_\_\_\_ or \_\_\_\_\_ % of my estate with an total estimated estate value of: \$ \_\_\_\_\_.

Financial/Legal Advisor Contact: \_\_\_\_\_

Please email this form to Terri Rausch at [terri@nf2biosolutions.org](mailto:terri@nf2biosolutions.org) If you choose to mail it in, please contact me and I will provide the mailing address.