



## Letter of Intent for Estate Gift

I/we desire to provide for the future well-being of the FNIH through a provision in my/our estate plans. With this letter we are informing the FNIH of my/our plans and I/we understand that this future commitment can be revoked or modified by me/us at any time.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address, City, State ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

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

I/we have made a provision to leave a legacy to the FNIH through my/our:

\_\_\_\_ Will

\_\_\_\_ Retirement plan or IRA

\_\_\_\_ Charitable Trust

\_\_\_\_ Living trust

\_\_\_\_ Life insurance policy

\_\_\_\_ Other

I/we wish to inform the FNIH, *for long-term planning purposes only*, that the current value of my/our future gift is \$\_\_\_\_\_. (This amount is kept confidential; if your gift is a percentage of your estate, please indicate the approximate value.) I/we understand that by stating an amount, my/our estate is not legally bound by this statement and that I/we may choose to add, subtract or revoke this bequest at any time, at my/our sole discretion.

The following is additional information about my/our gift intention:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

You may scan and email this form to [advancement@fni.org](mailto:advancement@fni.org) or directly to a member of the Advancement Team. You may also print and mail this form to:

Advancement Department  
Foundation for the National Institutes of Health, Inc. (FNIH)  
9650 Rockville Pike  
Bethesda, MD 20814

For questions or more information, please contact us at (301) 402-4976 or at [advancement@fni.org](mailto:advancement@fni.org).