



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@fnih.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)
11400 Rockville Pike, Suite 600
North Bethesda, MD 20852

For questions or more information, please contact us at (301) 402-4976 or at advancement@fnih.org.