

Letter of Intent for Estate Gift

I/we desire to provide for the future well-being of the Foundation for the National Institutes of Health (FNIH), a 501(c)(3) not-for-profit organization, 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 approximately \$______. (This amount is kept confidential.) I/we understand that by stating this value, 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: Signature Date Signature By submitting this letter, you will be recognized as a member of the FNIH Legacy Society. If you wish to remain anonymous, please check here \square You may scan and email this letter to advancement@fnih.org or directly to a member of the Advancement Team. You

> Advancement Department Foundation for the National Institutes of Health, Inc. 11400 Rockville Pike, Suite 600 North Bethesda, MD 20852

For questions or more information, or to revoke this letter of intent, please contact us at (301) 402-5343 or at advancement@fnih.org.

may also print and mail this letter to: