



## Planned Giving Declaration of Intent

I am/We are pleased to participate in the ongoing development efforts of the American Industrial Hygiene Foundation (AIHF). As an expression of our commitment to AIHF, we have made estate provisions through the following:

Will	Life Insurance Policy	IRA/Other Retirement
Trust	Charitable Remainder Trust	Charitable Remainder Annuity Trust
Charitable Gift Annuity	Pooled Income Fund	
Other (please describe) _____		

Approximate amount \$ \_\_\_\_\_ (OR) Percentage of estate % \_\_\_\_\_

We have included a copy of the portion of our estate document that names AIHF as a beneficiary. We understand it will be kept strictly confidential.

We give permission to publicize our names as members of the Legacy Circle with the understanding that the amount of arrangements will be strictly confidential. Please enter our names as (please print):

Although AIHF is currently included in our estate, we do not wish to be publically recognized members of the Legacy Circle.

We wish to direct our support to the following named scholarship (optional):

Contact Information for Executor, Trustee, or Administrator:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

**This Declaration of Intent is an expression of our present plans and is subject to change or be modified by us. If changes are made, we will notify AIHF.**

Donor Printed Name

Donor Signature

Date

Donor Printed Name

Donor Signature

Date

President, AIHF Printed Name

President, AIHF Signature

Date

*Membership in the Legacy Circle is reserved for those who have confirmed that they have made a provision in their estate for the American Industrial Hygiene Foundation (AIHF). Any amounts and/or percentages are confidential.*