



Planned Gift Intention Form

To demonstrate my/our commitment to support continued efforts of the Alpha-1 Foundation’s mission including therapeutic development and finding a cure for Alpha-1 Antitrypsin Deficiency, I/we have made charitable provisions for the Alpha-1 Foundation in my/our estate plans.

Name(s): _____

Birthdate(s): _____

Address: _____
City State Zip

Home Phone: (____) _____ Mobile Phone: (____) _____

Email: _____

Please indicate your type(s) of planned gift below. *Optional: Please provide information noted in italics. Completion of this form is not intended to be legally binding, but notification of intent.*

Table with 3 columns: Planned Gift option, Percentage / Dollar Amount (optional), Primary Beneficiary / Contingent Beneficiary Name of Provider for Endowment / Charitable Gift Annuities / Donor Advised Funds. Rows include Bequest in my /our will or Trust, Retirement Plan Beneficiary, Life Insurance Beneficiary, Family Foundation Beneficiary, Endowment or Donor Advised Fund (name of provider), Charitable Gift Annuity (name of provider), and Other (real estate, land, business, securities, etc.)

Estimated value of your planned gift (optional): \$ _____

Name and Phone Number of Attorney, Financial Advisor, or personal representative (optional): _____

All information provided will be kept in the strictest confidence and used for internal planning only.

Legal Name: Alpha-1 Foundation, Inc.
Address: 3300 Ponce de Leon Blvd., Coral Gables, FL 33134
Tax ID #: 65-0585415



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The Alpha-1 Legacy Society

The Alpha-1 Legacy Society honors those who have designated a charitable gift to the Alpha-1 Foundation as part of their estate planning. Recognition includes invitations to special events and inclusion in our Annual Report and *Alpha-1-To-One* magazine and a society lapel pin to wear to events.

Planned gifts of \$50,000 or more will be included in the John W. Walsh Founders Circle which includes special recognition at events and on a plaque located at the Foundation office as well as a reception for members at the biennial Alpha-1 Foundation Investigators' meeting where our researchers provide an update on their current studies and findings. Please include the estimated value of your gift on page 1 if you wish to be recognized as a member of the John W. Walsh Founders Circle.

Please note your name(s) exactly as you wish them to appear or let us know if you prefer to make your planned gift anonymously.

Print Name(s): _____

_____ I/we prefer to make this planned gift anonymously. Please do not include my/our name on any printed or online listing of members.

Signature _____ Date _____

Signature _____ Date _____

Please return this completed form and address any questions to:

Linda Rodriguez
Senior Director of Development
Alpha-1 Foundation
3300 Ponce de Leon Blvd., Coral Gables, FL 33134

lrodriguez@alpha1.org
Phone: 305-567-9888 ext. 237

Thank you for joining the Alpha-1 Legacy Society!!

*Completion of this form is not intended to be legally binding, but notification of intent. Please discuss your planned giving intentions with your professional advisor. The Alpha-1 Foundation is a tax-exempt nonprofit organization recognized by section 501(c)(3) of the Internal Revenue Code. Contributions are deductible as allowed by law.

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