

GLAUCOMA

RESEARCH FOUNDATION

251 Post Street, Suite 600
San Francisco, CA 94108
Tel: 415-986-3162
Fax: 415-986-3763
www.glaucoma.org

Letter of Intent for Estate Gift

I/we desire to provide for the future well-being of Glaucoma Research Foundation through a provision in my/our estate plans, and with this letter we are informing Glaucoma Research Foundation of our plans. 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 Glaucoma Research Foundation through my/our:

Will Retirement plan or IRA Other

Living trust Life insurance policy

I/we wish to inform Glaucoma Research Foundation, 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 me/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.

Gift Recognition (choose one)

You may publish my/our names in your lists of Blanche Matthias Society members as a motivation for others to leave a future gift to benefit Glaucoma Research Foundation.

I/we do not want my/our names published.

Date

Signature

Signature