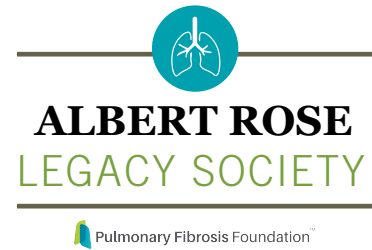


# Create a Life-Giving Legacy



## A LEGACY GIFT

As evidence of my/our desire to provide a legacy of support to the Pulmonary Fibrosis Foundation (PFF), I/we are pleased to inform the PFF that I/we have made a provision for a gift to the Foundation in my/our estate plan. I/we understand that this commitment is revocable and can be modified or canceled by me/us at any time.

## YOUR GIFT

It is my/our intent to leave a legacy to the Pulmonary Fibrosis Foundation through my/our:

Will                       Retirement Plan Assets                       Life Insurance Policy  
 Trust                       Charitable Remainder Trust                       Other

I/we wish to inform the PFF, for long-term planning purposes only, that as of this date, the value of my/our gift is:

\$ \_\_\_\_\_

I/we understand that by stating an amount, my/our estate is not legally bound by this document and I/we may choose to add, subtract, or revoke this bequest at any time, entirely at my/our discretion.

PFF Policy is to designate planned gifts to the area of greatest need unless you designate your gift to a specific area. Please indicate your interest here. If you would prefer to direct your gift, please indicate below.

Area of greatest need                       Research                       Programs

## YOUR INFORMATION

Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## RECOGNIZING YOUR GENEROSITY

Feel free to publish my/our names among your list of Albert Rose Society members as a motivation for others to leave a future gift to benefit the Pulmonary Fibrosis Foundation.

I/we would like our names to appear as: \_\_\_\_\_

Please do not publish my/our names on any donor roster (this is an anonymous gift).

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_