



the FOUNDATION *for*
PERIPHERAL NEUROPATHY

ESTATE PLAN COMMITMENT FORM

Thank you for including *the* Foundation *for* Peripheral Neuropathy in your estate plans. We understand this is one of the most important decisions you will make, and we appreciate your lasting impact. Kindly fill out this form to ensure we honor your wishes accordingly.

Yes, I/we have made a commitment to *the* Foundation *for* Peripheral Neuropathy in my/our estate plans

Name(s) as you would like to appear on recognition and/or for future publication:

Date of birth:

Address:

City/State:

Zip Code:

Phone:

Email:

The gift will be funded by:

- Will or living trust (please include copy of will)
- Retirement plan
- Life insurance policy (please include copy of beneficiary form)
- A gift of real estate, securities or other property
- Charitable lead trust
- Charitable gift annuity
- Other (please specify)

The gift amount for *the* Foundation *for* Peripheral Neuropathy is expected to be _____ % or US\$ _____

Other information:

Qualified donors may be recognized for their generosity.

You have permission to include my name in recognition. I wish to remain anonymous.

Please do not provide any recognition

Additional contact information:

Name of attorney or financial advisor _____

Address _____

Phone / Email _____

Name of estate executor or family member(s) _____

Address _____

Phone / Email _____

With this letter and appropriate supporting documentation, I am/we are expressing the intention of supporting the mission of *the* Foundation for Peripheral Neuropathy

Signature

Date

Signature

Date

Notice: Please consult an independent tax and/or legal representative before making a charitable gift. The details of your commitment remain confidential.

PLEASE MAIL OR EMAIL THE COMPLETED FORM TO:

The Foundation for Peripheral Neuropathy

Attn: Planned Giving Program

485 E Half Day Rd Ste 350, Buffalo Grove, IL 60089-8808

Email: info@tffpn.org