**North Carolina Public Health Association**

***Confirmation of Your Legacy Gift***

This form will help you provide information about your plans for a gift from your estate to the North Carolina Public Health Association. By completing this document you will help ensure that your gift will be used according to your wishes. It will also assist NCPHA in counting you as a member of NCPHA’s *Legacy Society,* which recognizes those individuals who have made a provision in their estate for NCPHA to support the ongoing benefit and future of public health in North Carolina.

***This information will be kept in confidential files and will not be shared without your permission.***

**Name/s:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City/State/Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth of Donor/s:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe your deferred gift:** (or attach a copy of documentation)

* Will
* Retirement Account/Insurance Plan
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you like NCPHA to use your gift?**

* NCPHA Foundation for a Healthy Future Endowment - *funds that support the ongoing activities and new initiatives of the North Carolina Public Health Association and ensure its future sustainability.*
* NCPHA Scholarship Endowment- *financial support for individuals pursing public health education/training*

**Good faith estimate of the value of the gift**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Legacy Society***

Your deferred gift entitles you to be recognized as a member of NCPHA’s Legacy Society and have your name listed with other members and friends who have established a similar gift for NCPHA. You will also be invited to Legacy Society events.

* Yes, I would like to be recognized as a member of the Legacy Society
* No, please do not include my name in Legacy Society recognition or materials

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Signature Signature Date

***This document does not bind you or your estate****. By signing this form you are simply acknowledging your current plans to benefit North Carolina Public Health Association in the future and giving us guidance as to your wishes. NCPHA recognizes that the value of a deferred gift, as well as the provision creating the gift may change over time.*

**Please send this form and direct any questions to:**

**North Carolina Public Health Association, 222 N. Person Street, Suite 208, Raleigh, NC 27601**

***Email:*** [***kdittmann@ncapha.org***](mailto:kdittmann@ncapha.org) ***Phone:* (919) 828-6205 *Fax:* (919) 828-6203**