



# PLANNED GIFT ACKNOWLEDGEMENT CONFIRMATION FORM

Thank you for your legacy gift, which will help us to carry out our mission to provide education and vital support programs to individuals and families with Hermansky-Pudlak syndrome while striving for improved care and innovative research on our journey to cure.

Allow us to celebrate your gift by confirming your plans below (check one):

- I have made provisions (s) for HPS in my estate plan
- I plan to include HPS in my estate plan

**This form is for informational purposes only. The information allows HPS to document your recognition wishes and to celebrate your generosity today. It assists HPS in clarifying the documenting specific charitable wishes, estimating the impact of overall legacy giving and planning for future endeavors.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## RECOGNITION OPTIONS

- I give permission to publicly recognize me as a member of the HPS Network's circle of planned giving supporters, thereby encouraging others to consider a planned gift. Name (as you wish it to appear in public recognition): \_\_\_\_\_
- I wish to remain anonymous.

## GIFT TYPE

- Will or Trust
- Life Insurance Policy, Company Name/# \_\_\_\_\_
- Retirement Plan or Beneficiary Designation (401(k), 403(b), IRA, Keogh, Brokerage Account)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR FURTHER INFORMATION ON PLANNED GIFTS, PLEASE CONTACT US

**HPS Network Inc. One South Road, Oyster Bay, New York 11771-1905**

Email: [info@hpsnetwork.org](mailto:info@hpsnetwork.org)

Phone: (516) 922-4022