



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

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.

TYPE OF GIFT

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 Donna Appell at (516) 922-4022 or email at dappell@hpsnetwork.org