

## PLEDGE for Turner Syndrome Foundation

---

It is my/our desire to provide a legacy of support to **Turner Syndrome Foundation**. I/we hereby inform you that I/we have made a provision for a gift in my/our estate plans. I/we understand that this commitment is revocable and can be modified by me/us at any time.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

**This pledge entitles me/us to be a member of the TSF Legacy Society.**

I agree to have my/our name(s) published on lists of legacy society members as a motivation for others to leave a future gift to benefit **Turner Syndrome Foundation**. *The amount of your gift is not published and remains confidential.*

**ACKNOWLEDGEMENT:** List your name(s) as you would like it in print:

\_\_\_\_\_

- Please list my/our names internally only (No outside publication)
- Do not list my/our names either internally/externally (Anonymous gift)
- I do not wish to receive information or materials regarding campaigns, activities or fundraising appeals hosted or administered by Turner Syndrome Foundation.

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

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

Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### A LASTING GIFT

An item: \_\_\_\_\_

A sum of money: \_\_\_\_\_

A percentage of estate: \_\_\_\_\_

Value: \_\_\_\_\_

### ACCOUNT

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

### PLEDGE SETTLEMENT

By this date: \_\_\_\_\_

Interval payments of \$ \_\_\_\_\_

Monthly     Annually

Estate settlement

Other, please explain below

***This form is not legally binding and does not commit you to leaving a legacy to Turner Syndrome Foundation. It is simply a statement of your intent and may be modified at any time.***

*Your thoughtful planning ensures girls and women with Turner Syndrome receive the care they need to thrive. TSF kindly requests notification any time you make changes or adjustments to your plans. Thank you!*