



UNLOCKING THE SECRETS OF BRAIN DISEASE®

404 Fifth Avenue
3rd Floor
New York, NY 10018
347-294-2873 (CURE)
Canada: 844-287-3777
www.curepsp.org
Facebook.com/curepsp.foundation

Confidential Intentions for Donors

Dear Donor,

We realize that many people who plan to support CurePSP through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is nonbinding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

David Kemp

President, CurePSP
Phone: (802) 734 1185
Email: kemp@curepsp.org



Planned Gift Notification - Confidential

Name _____

Spouse Name (if applicable) _____

Address _____

City _____ State: _____ ZIP Code _____

Phone _____ E-mail _____

Dates of Birth _____

Your Gift Intention

Please provide the following information and attach a copy of the documentation or appropriate language from your will or trust, if available. Please complete all that apply.

- I/We want to support the mission of CurePSP through a planned gift as described below:
- I/We have included a bequest for CurePSP in my/our will or living trust.
 - I/We have named CurePSP as a beneficiary of an asset:
 - Retirement Plan Bank, Investment, or Other Financial Account
 - Life Insurance Policy Other _____
 - I/We have named CurePSP as a revocable/irrevocable (*circle one*) beneficiary of a charitable remainder trust.

The anticipated value of my/our gift is/will be approximately \$ _____ or _____% of my/our estate. (*If possible, please include a copy of the bequest language or other wording describing your planned gift.*)

Please provide a general description of the gift provision (*such as, asset to be donated if other than cash or securities, how gift is to be used, whether gift is to create an endowment, etc.*)

- Yes, you may include me/us in listings of planned gift donors.

Please indicate how you would like your name(s) to appear in our **Legacy Society** listings. (*Please note the amount of your intended gift will not be published*)

- No, please do not include me/us in listings.

Signature _____ Date _____

Signature _____ Date _____

Return form to:

David Kemp

President, CurePSP

404 Fifth Avenue, 3rd Floor

New York, NY 10018

Phone: (802) 734 1185 Email: kemp@curepsp.org