



# BEQUEST INTENTION FORM

## SABLE SHERER LEGACY SOCIETY

Please fill out this form and return to AIDS Foundation Chicago or visit [aidschicago.org/legacy](https://aidschicago.org/legacy) to let us know about your bequest intention. It will allow AIDS Foundation Chicago to recognize you as a member of the Sable Sherer Legacy Society.

First Name:	MI:	Last Name:
_____		
Address: _____		
City:	State:	ZIP:
_____		
Please check one:		
<input type="checkbox"/>	AIDS Foundation Chicago may include my/our names in the Sable Sherer Legacy Society listings. (Neither amount nor designation, if provided, will be included in the listing.)	
	Please list me/us as follows: _____	
<input type="checkbox"/>	I am honored to be included in the Sable Sherer Legacy Society; however, I prefer to remain anonymous. Please do not include my name in published listings.	

The following information is optional.

Please tell us more about your estate provision for AIDS Foundation Chicago.

I have named AIDS Foundation Chicago as a beneficiary of my:

<input type="checkbox"/>	Will/living trust	<input type="checkbox"/>	Retirement Plan	<input type="checkbox"/>	Savings Account	<input type="checkbox"/>	Life Insurance Policy
<input type="checkbox"/>	A specified amount _____						
<input type="checkbox"/>	A percentage – estimated current value _____						
<input type="checkbox"/>	I wish to keep the value of my bequest private at this time						

We suggest the following language for a bequest to AIDS Foundation Chicago:

“I give to AIDS Foundation Chicago, 200 West Monroe Street., Suite 1150, Chicago, IL 60606,

(the sum of \$ \_\_\_\_\_ or \_\_\_\_\_ percent of my estate) for its general purposes.”