

Declaration of Intent

Thank you for including the American Board of Psychoanalysis in your estate plan and for ensuring standards for psychoanalysis. The information you provide here will allow us to provide the best possible stewardship of your gift. This is not a binding legal document, and your information will be kept confidential. Share whatever information you would like. Only your name, address, email and whether or not you would like to remain anonymous are required. Please contact Denise Wagner at 303-676-8008 if you have any questions.

Name: _____

Date of estate plan or designation: _____

I have supported the ABPsa through the following type(s) of gift:

- | | | |
|---|---|--|
| <input type="checkbox"/> Bequest in my will | <input type="checkbox"/> Life insurance beneficiary | <input type="checkbox"/> Charitable gift annuity |
| <input type="checkbox"/> Living trust | <input type="checkbox"/> Charitable remainder trust | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Stocks or Bonds | <input type="checkbox"/> Retirement account | <input type="checkbox"/> Other _____ |

This gift is a:

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Percentage | <input type="checkbox"/> Specific Amount | <input type="checkbox"/> Portion of remainder |
|-------------------------------------|--|---|

Please tell us about your gift designation:

- I planned this gift in honor or memory of someone: _____
- I would like this gift to provide a specific purpose
- ABPsa may use this gift where it is needed most

Let us know your preference for being recognized or anonymous:

- I prefer to remain anonymous
- I would like to have my name published on the list of ABPsa Legacy Partners

as _____

If you would like, please share with us what influenced your decision to leave an estate gift to the ABPsa

Current Contact Information

Address _____

Email _____

Phone _____

Signature _____

Today's Date: _____