



PLANNED GIVING COMMITMENT FORM

I/We have included the Preventive Cardiovascular Nurses Association (PCNA) in my/our estate plans.

NAME: _____ DATE OF BIRTH: _____

NAME of SPOUSE/PARTNER: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Type of Planned Gift:

- | | |
|--|--|
| <input type="checkbox"/> Bequest through will or trust | <input type="checkbox"/> Charitable lead trust |
| <input type="checkbox"/> Life insurance policy beneficiary | <input type="checkbox"/> Living trust |
| <input type="checkbox"/> Retirement plan/IRA | <input type="checkbox"/> Other trust |
| <input type="checkbox"/> Charitable gift annuity | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Charitable remainder trust | _____ |

Estimated current dollar value of my/our gift is \$ _____

Note: A dollar value of the planned gift will be credited to you for cumulative gift recognition.

Please list my name (and/or my spouse/partner's name) for PCNA in the following manner:

_____ I wish to remain anonymous

Purpose of Planned Gift:

- ☐ The gift is unrestricted to provide maximum flexibility for the Preventive Cardiovascular Nurses Association.
- ☐ I have a purpose in mind that I would like to discuss with you.

Signature: _____ Date: _____

PLEASE RETURN TO: PCNA, 613 Williamson Street, STE 205, Madison, WI 53703

Completion of this form is a notification of intent only and not intended to be legally binding. Please discuss your planned giving intentions with your professional financial and legal advisors.

The Preventive Cardiovascular Nurses Association is a tax-exempt nonprofit organization recognized by section 501(c)3 of the Internal Revenue code. Tax ID # 39-1804895. Contributions are tax deductible to the extent allowed by law.