



## Notification of Inclusion in Estate Plan

I am pleased to report that through my/our estate plan I/we have included a gift to the Center for Chronic Illness.

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**I wish to be recognized by the Center for Chronic Illness as follows:**

**By my name as listed above.**       **I wish to remain anonymous.**

**Other** \_\_\_\_\_

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**AMOUNT OF PLANNED GIFT:** \_\_\_\_\_

### **TYPE OF PLANNED GIFT:**

Please select the box the most closely fits with your gift to the Center for Chronic Illness:

Will or revocable living trust       Retirement plan/IRA

Charitable remainder trust / Charitable lead trust       Life insurance policy

Other (please describe): \_\_\_\_\_

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Please send the completed form to the Center for Chronic Illness c/o Allison Fine by email at [executivedirector@thecenterforchronicillness.org](mailto:executivedirector@thecenterforchronicillness.org) or by mail at Center for Chronic Illness, P.O. Box 31193, Seattle, WA 98103.

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 Center for Chronic Illness is a tax exempt nonprofit organization recognized by section 501 (c)3 of the internal Revenue code. Tax ID # is 81-2183510. Contributions are tax deductible to the extents allowed by law.