



## BEQUEST INTENT of

Name: \_\_\_\_\_

for the benefit of  
**the ASHP Research and Education Foundation**

### Expression of Intent

It is my intent to make a legacy gift to support the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation, 4500 East-West Highway, Bethesda, MD 20814.

I have consulted my legal advisor to include appropriate language in my Will that will leave a contribution of \$ \_\_\_\_\_ or \_\_\_\_\_ percentage of my estate to the ASHP Foundation.

### Evidence of Intent (check option that best describes status)

- Option 1: Attached is a copy of my Will or portion thereof that refers to this Bequest Intent. I understand that if, during my lifetime, I wish to change the terms of my Will in a way that affects this gift significantly, I will send the ASHP Foundation a codicil describing the amended terms. I will also notify the Foundation if I have a change of address or if an executor is named for my estate.
- Option 2: I am in the process of establishing a Will and defining my estate plans. I will share my Will or portion thereof referring to this Bequest Intent at a later date.

### Request for Discussion Regarding Use of Gift

- I would like to discuss the options relating to how the funds could be utilized to support ASHP Foundation program activity. Please contact me to schedule an appointment to discuss the details of how this gift would be directed and to prepare supporting documents that would more specifically address my intentions for the use of this gift.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_