

NOTICE OF PROVISION FOR BENEFIT OF GMHC

- I hereby notify you that I have included GMHC as a beneficiary of my estate plan but prefer not to disclose the specific details.
- I hereby notify you that I have made a provision for GMHC, and would like to share that I estimate it will have an approximate value of: \$ _____ (or _____ % percentage of residuary) in the following manner:
- Beneficiary Designation in my IRA, 401(k) Retirement Plan
 - Beneficiary Designation of an Insurance Policy or Annuity Contract
 - Transfer on Death (TOD) Bank Account
 - Gift of Real Estate
 - Provision in my Will or Trust Agreement
 - Other: _____



The information in this brochure is not intended as legal advice. Be sure to consult with a tax or estate expert familiar with the tax laws in your state before making any determination about your legacy planning.

I hereby give notice to GMHC that I have made a provision to the organization to affirm my commitment to their work, and continue the legacy of helping to end the AIDS epidemic and uplift the lives of all affected. I am aware that this notice is optional, but that I will be included as a member of The Legacy Society, GMHC's Planned Giving Program, and that further, I can participate anonymously or with full name recognition (see reverse).

CONSENT TO RECOGNITION IN GMHC LEGACY SOCIETY

I hereby give consent to GMHC to recognize my commitment to end the AIDS epidemic and uplift the lives of all affected. I am pleased to participate as a member of The Legacy Society.

I understand that members can opt-in to be recognized in the GMHC annual report, website, and other print and electronic media or may choose to remain an anonymous member of The Legacy Society. I have checked the box below corresponding to the manner of recognition I desire.

Other than as indicated above, this consent to have my

commitment recognized does not relieve GMHC of its responsibility to maintain the confidentiality of my personal commitment and any documentation related to that commitment. Nor does this indication of intent prevent my amending in the future any otherwise revocable provision I have made for GMHC.

Understanding the above, I am consenting to the following acknowledgement of my membership in The Legacy Society of GMHC, as follows:

I would like to be acknowledged by name in print, web or electronic media.

I prefer to remain an Anonymous Member of The Legacy Society

Please list my name as: _____

Address: _____

Signature(s) Date

Phone: _____

Signature(s) Date

Email: _____

