

Bequest Statement of Intent

Thank you for your generous commitment to the Society for Public Health Education (SOPHE). To better understand your intentions for this gift, please complete this form with as much detail as you are comfortable sharing. The information you provide is not legally binding and we understand that you may wish to change your gift in the future. Questions? Please contact Amy Overby, Director of Fund Development, at 202.408.9804 ext. 190. Thank you.

Name(s)				
Address				
City		State		Zip
Phone	H □ C □ V	V □ Email		
About your gift If you are willing to disclose provide an estimate of the ☐ Will ☐ Trust ☐ IRA o	value of your git	ft, please use tod	lay's dollars:	., ,
☐ Life Insurance Policy ☐				
The approximate value of r				
You can direct your gift to:% Highest priorities% 21st Century Schol% Advocacy Initiativ% Diversity, Equity, I% Heritage Fund% Legacy Circle Fund% Other:	of SOPHE larship Fund e Fund Inclusion/Anti-Ra			
Acknowledging your gift				
☐ SOPHE may publicly ack	nowledge my gi	ft. Please list my	name as	
☐ Anonymous ☐ If anon	ymous, you may	publicly recogni	ize my gift once	it is realized.
Signature		I	Date	

Additional directions

Sample language to include a bequest as part of your will or trust.
I give the sum of \$to SOPHE (tax ID# 23-7299881), located in Washington, D.C., to be used for the charitable purposes set forth in a Statement of Intent I provided to SOPHE or, if none, for its general charitable purposes.
You can also donate a percentage of the residuary estate under your will or of the residue of your trust. Simply include the following sentence in the listing of your residuary beneficiaries.
I give% to SOPHE located in Washington, D.C., to be used for the charitable purposes set forth in a letter I provided to SOPHE or, if none, for its general charitable purposes.

Please return completed form to SOPHE Bequests 10 G St. NE, Suite 60 Washington, DC 20002

Or email the document to aoverby@sophe.org