



# AMERICAN BONE HEALTH™

## Legacy Gift Intention Form

If you wish to inform American Bone Health of your non-binding, revocable intention to leave a legacy gift, please complete the following:

Name	Date of Birth	
Address		
City	State	Zip
Email Address	Phone	

Yes, you may contact my attorney to receive a copy of the relevant page from my will and/or trust.

Attorney Name	Phone
Attorney Email Address	

Please describe and/or attach the relevant document(s) describing your legacy gift benefiting American Bone Health. Please include an estimate of the current value of the gift below.

### Bequest through your will or trust to American Bone Health

- Specific Dollar Amount
- Specific percentage of your estate
- Specific percentage of your residuary estate (the amount or percentage that is left after all other bequests and expenses have been fulfilled)

### American Bone Health is a beneficiary of all or a portion of:

- A life insurance policy
- A financial institution (bank, CD, brokerage) account
- A retirement account

Other \_\_\_\_\_

### Donor Recognition Confirmation

- I/we give American Bone Health permission to publicly recognize my/our membership in their legacy society.
- I/we prefer to remain anonymous.

Name as you wish it to appear on the Donor Honor Roll: \_\_\_\_\_