

APMA EDUCATIONAL FOUNDATION

Educational Initiative of the American Podiatric Medical Association

Legacy Circle: Declaration of Intent

This Declaration of Intent is an expression of my desire to help advance the growth and stability of podiatric medicine through student scholarships and increasing nationwide awareness of foot and ankle health. It is my intent to name the APMA Educational Foundation, Inc., as a beneficiary in my estate plan.

I have included a gift, along with supporting documentation, to the APMA Educational Foundation, Inc. (Tax ID 52-1268752), through:

- Wills and bequests
- Life insurance
- Large capital gifts
- Investment securities
- Other (specify) _____

My gift is currently valued at \$_____ which is:

- a specific dollar amount
- a percentage of my estate's value (_____%)
- a part or all of the remainder of my estate (_____%)

I wish to be recognized as a member of the Legacy Circle to help encourage others to make an exemplary commitment.

Name as you wish to be listed: _____

Check here if you would like this gift to be listed as "Anonymous"

Name _____ Member Number _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please mail, fax, or email your completed pledge form to:

Sandra F. Arez
APMA Educational Foundation
9312 Old Georgetown Road
Bethesda, MD 20814
Fax Number: 301-530-2752