

# A • E • S • C Foundation

Administrative Office • 10 W. Phillip Rd., Suite 120 • Vernon Hills, IL 60061-1730  
847.680.1666 • Fax: 847.680.1682 • Email: Rich@AmericanEyeStudyClub.org

## AESC Foundation Legacy Fund Planned Giving Notification Letter

The Trustees of the American Eye Study Club Foundation greatly appreciate your generosity by including us in your estate planning or other “deferred giving.” By letting us know about your plans, we can say “thank you” and also confirm that we can follow through on your stated wishes. Please complete this form and return it to the Foundation office. This information will be kept strictly confidential. This notification is non-binding; we understand that you may change your plans at any time.

American Eye Study Club Foundation  
10 W. Phillip Rd., Suite 120; Vernon Hills, IL 60061-1730  
Phone: 847-680-1666 Fax: 847-680-1682  
Our federal tax ID number: 56-2381886

Donor's name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate the type of gift you are making:

- |  |  |
|--|--|
| <input type="checkbox"/> Bequest in a Will or Living Trust | <input type="checkbox"/> Life Insurance Policy         |
| <input type="checkbox"/> Retirement Plan                   | <input type="checkbox"/> Charitable or Remainder Trust |
| <input type="checkbox"/> Other: _____                      |  |

Estimated Value of Planned Gift: \_\_\_\_\_

*Dollar amount or % of estate*

I would like my planned gift to be used as follows:

- UNRESTRICTED - to be used where needed most
- RESTRICTED - for the following purpose: \_\_\_\_\_  
*(please consult with the AESCF to ensure the proposed restriction can be honored)*

Would you like to be listed as a donor(s) to the AESCF Legacy Fund?  Yes  No

If yes, how should your name(s) be listed? \_\_\_\_\_

*If possible, please provide a copy of the relevant portions of the legal documents relating to your future gift or a letter from your legal/financial advisor that describes the nature and purpose of the gift. It is understood that this information is provided solely to assist the AESCF in its planning and will remain strictly confidential. This is not a binding legal obligation, and your gift is revocable.*

Donor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor signature: \_\_\_\_\_ Date: \_\_\_\_\_