



FOUNDATION OF OSTEOPATHIC EMERGENCY MEDICINE

CONFIDENTIAL

Thank you for your thoughtful inclusion of FOEM in your estate plan. We respect your privacy and will note your membership in our Honor Roll unless we receive your directive that you would prefer to be anonymous.

Please complete this form and then sign it. By doing so, you indicate to us whether you prefer anonymity or public recognition in the Honor Roll of donors. You may, at any time, update or change your recognition preference by completing and dating this recognition form. Thank you very much.

Name: (Mr., Mrs., Ms., Dr.) _____

Preferred Address: _____

City, State, Zip: _____

Daytime Telephone: _____

E-mail: _____

Recognition Preference:

We will list you in our Honor Roll and public recognition unless you select to be anonymous.
 Please note me/us as anonymous

OPTIONAL INFORMATION

I/We have included _____ in my/our estate plans in the following manner:
 Bequest Trust Other: Details as follows: _____

I/We have provided for: A specific dollar amount of: \$ _____,
 A percentage of our estate equal to an estimated value of: \$ _____,
 Other _____

Signature(s): _____

_____ Date: _____

All information provided will be regarded as strictly confidential and will be kept in secure files.