



Anesthesia Patient Safety Foundation Legacy Society
Letter of Intent for Estate Gifts

I/we wish to provide for the future of APSF through a provision in my/our estate plans, and this document provides APSF with the details of this planned future donation. I/we understand this commitment can be modified or revoked by me/us at any time.

Name

Spouse/Partner (if applicable)

Address

City, State, Zip

Phone

Email

I/we have made a decision to leave a legacy to APSF through my/our: (please check the appropriate box)

- Will Retirement Plan or IRA Other
 Living Trust Life Insurance Policy

I/we wish to inform APSF for its long-term planning purposes only, that the current value of my/our future gift is: \$_____. (This amount is kept confidential; if your gift is a percentage of your estate please indicate the approximate value).

I/we understand that by naming an amount my/our estate is not legally bound by the statement and that I/we may choose to increase, decrease, or remove this bequest at any time, at my/our sole discretion.

You may publish my/our name(s), without any dollar amounts, in your lists of the APSF Legacy Society members as a challenge for others to leave a future gift to benefit APSF.

I/we do not want my/our name(s) published.

Date

Signature

Spouse/Partner Signature (if applicable)

Return to: Anesthesia Patient Safety Foundation
Mail: P.O. Box 6668, Rochester, MN 55903

Email: _____