



Drug Policy Alliance Legacy Giving Intent Form

Join a dedicated group of individuals who have taken the initiative for the future of drug policy reform by including the Drug Policy Alliance in their estate plans. Join by designating the Drug Policy Alliance as a beneficiary of your will, trusts, or other estate planning vehicles.

Name(s) [Please Print]

Address

City State Zip

Email Phone

Annual Report Listing

☐ I/We would prefer to remain anonymous in printed publications

1. I/We have included the Drug Policy Alliance as a beneficiary of my:

☐ Will ☐ Trust ☐ Retirement Account ☐ Life Insurance Policy ☐ Other

2. My/Our bequest is in the specific amount of: \$

My/Our bequest is stated as a percentage and is worth approximately: \$

[Please provide your best good-faith estimate of the value of your future bequest, based on the approximate current value of your assets.]

☐ I/We wish to keep the value of my bequest private at this time.

3. ☐ My/Our bequest to the Drug Policy Alliance depends upon contingency, such as the prior death of a spouse, partner, or child.

4. ☐ My spouse/partner has done the same, the Drug Policy Alliance will receive a gift upon the death of the second-to-die.

If possible, please make a copy of relevant pages of your will/trust or beneficiary forms, and kindly return them with this form in the envelope provided. Mail your form to **Ellen Flenniken, Managing Director, Development, 131 West 33rd Street, 15th Floor, New York, NY 10001.**

FOR QUESTIONS OR MORE INFORMATION:

Ellen Flenniken
Managing Director, Development
212-613-8043
eflenniken@drugpolicy.org



This form is not legally binding and serves only as an estimation of an individual's planned giving intentions. Individuals reserve the right to alter their estate plans at any time.

drugpolicy.org/legacy