

# **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 **Legacy Giving, Development Department, 131 West 33rd Street, 15th Floor, New York, NY 10001.**