



Confidential Bequest Intention Form

I have made a provision for the Alliance for Positive Health in my estate plan to reduce the risk, fear and incidence of HIV infection, encourage the independence of people living with or affected by HIV/AIDS and other serious medical and social conditions

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

BEQUEST INFORMATION: I have provided for the Alliance for Positive Health :

_____ The Alliance for Positive Health will receive a bequest under a will or living trust.

_____ The Alliance for Positive Health is named as a primary beneficiary of a retirement plan.

_____ The Alliance for Positive Health is named as a beneficiary of all, or a portion of a life insurance policy.

_____ Other: Please specify: _____

Gift Amount: (optional) \$ _____ Date Gift Intention Was Recorded: _____

While unrestricted gifts allow the agency to allocate funds to areas of greatest need, you may designate your bequest for a particular program or service.

Specific Philanthropic Intentions: _____

Executor/Trustee: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Donor's Signature: _____ Date: _____

Thank you for including the Alliance for Positive Health in your estate plans.
Please submit forms to:

Alliance for Positive Health
Development Department
927 Broadway
Albany, New York 12207

Phone: 518.434.4686
Fax: 518.427.8184
Email: dvancavage@alliancefph.org
www.allianceforpositivehealth.org