



# 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](mailto:dvancavage@alliancefph.org)  
[www.allianceforpositivehealth.org](http://www.allianceforpositivehealth.org)