



**The National Headache Foundation Legacy Giving Program
Declaration of Intent**

As an expression of my desire to help advance migraine and headache training, education, research, and advocacy, and in recognition of my confidence in the National Headache Foundation (NHF) and its mission, it is my intent to name the NHF as a beneficiary in my estate plan.

My gift is currently valued at: \$ _____

____ a percentage of my estate's value (____%)

____ a part or all of the remainder of my estate (____%)

I have included a gift to the National Headache Foundation (Tax ID 23-7073022) through:

____ Bequest

____ Trust Beneficiary

____ Life Insurance Policy

____ Retirement Plan

____ Securities

____ Other [specify]

I would like my gift to be:

____ Unrestricted

____ Restricted to the following NHF mission-aligned program (or its successor initiative):

I would like my bequest to be named in honor of _____

If I make any change to this provision or if the value of the bequest or gift changes substantially, I will notify NHF of such change. I understand that all information listed below will be kept in confidence unless I authorize its release.



**The National Headache Foundation Legacy Giving Program
Declaration of Intent**

Name(s): _____

Email: _____ Phone: _____

Address: _____

Signature: _____

Date: _____

____ I wish to be recognized as a member of the NHF Legacy Giving Program to help encourage others to make an exemplary commitment.

Please recognize me on donor lists as follows:

____ I prefer that my support remain anonymous.

Note: This document is not legally binding. As with any decision involving your assets, we recommend that you seek the advice of an estate planner.

Please print and send completed form to:
National Headache Foundation
820 N. Orleans, Suite 201
Chicago, IL 60610