



Cooley's Anemia Foundation
Over 70 Years of Leading the Fight Against Thalassemia

Join the Cooley's Anemia Foundation Legacy Society

The Cooley's Anemia Legacy Society recognizes those who have made a commitment in their estate plan to provide enduring support for Cooley's Anemia Foundation to future generations. Thank you for choosing us!

As evidence of our/my desire to provide a planned gift in support of Cooley's Anemia Foundation, we/I hereby inform you that we/I have made a provision for a planned gift. We/I understand that this commitment is revocable and can be modified by us/me at any time. Our/my gift has been arranged through a:

- | | | |
|--|--|---|
| <input type="checkbox"/> Last Will and Testament | <input type="checkbox"/> Gift of Life Insurance | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> A Codicil in a Will | <input type="checkbox"/> Gift of Real Estate | <input type="checkbox"/> Transfer on Death (TOD) on Account |
| <input type="checkbox"/> Individual Retirement Account Charitable Rollover | <input type="checkbox"/> Retirement Plan Beneficiary Designation | <input type="checkbox"/> Contribution to Endowment |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Other _____ |

We/I have made our/my designation to **Cooley's Anemia Foundation, Tax ID # 11-1971539, 330 Seventh Avenue, Suite 200, New York, NY 10001.**

- We/I would like for my/our planned gift to be:
 - Unrestricted – for maximum flexibility to meet future needs.
 - Restricted – please share your intentions with us so we can ensure that they are consistent with the Gift Acceptance Policy of Cooley's Anemia Foundation. Contact us so we can help you with this important decision.
- Please enroll us/me in the Cooley's Anemia Foundation Legacy Society.
 - You may publish our/my name(s) as (a) society member(s).
 - Please consider this to be an anonymous gift.

- Please send more information about including Cooley's Anemia Foundation in my/our estate plans.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature _____ Date _____

Signature _____ Date _____

Please return to:

Amy Sullivan, Major Gifts Officer Cooley's Anemia Foundation,

330 Seventh Avenue, Suite 201, New York, NY 10001

Telephone: (212) 279-8090, ext.209 Email: asullivan@thalassemia.org