

By making a commitment in your estate plans today, you support the work of the CDC Foundation tomorrow. Your lasting legacy becomes a part of the CDC Foundation's diverse and innovative efforts to address complex health challenges—amplifying our impact and improving the safety of communities in America and across the globe.

### Healthy Futures Society Form

Yes, I /We have made a commitment to the CDC Foundation in our estate plans. I/We want to play a critical role in advancing CDC's lifesaving work to protect us all by leaving a legacy gift.

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Birthday \_\_\_\_\_ (Name)  
\_\_\_\_\_ Birthday \_\_\_\_\_ (Name)

#### Type of Planned Gift:

- |  |  |
|--|--|
| <input type="checkbox"/> Will or Living Trust              | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Charitable Remainder Trust        | <input type="checkbox"/> Donor Advised Fund    |
| <input type="checkbox"/> Retirement Plan IRA/401(K) 403(B) | <input type="checkbox"/> Other: _____          |

Please add any other details you wish to share: \_\_\_\_\_

#### I/We designate this gift to support:

- |  |   |
|--|---|
| <input type="checkbox"/> CDC Foundation Endowment Fund                               | <input type="checkbox"/> An Existing CDC Foundation Fund: _____ |
| <input type="checkbox"/> Greatest Need<br>(Maximum Flexibility to Meet Future Needs) | <input type="checkbox"/> Other: _____                           |

#### I/We estimate our commitment to be:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$50,000 - \$99,999   | <input type="checkbox"/> \$500,000 - \$999,999     |
| <input type="checkbox"/> \$25,000 - \$49,999 | <input type="checkbox"/> \$100,000 - \$249,999 | <input type="checkbox"/> \$1,000,000 - \$5,000,000 |
| <input type="checkbox"/> Other: _____        |  |  |

#### How may we thank you and acknowledge your commitment?

- I/We would like the following name/s to be listed in CDC Foundation materials so that it might inspire others. (If you wish the gift to be listed in honor/memory of someone, please provide the listing of names exactly as you would like them to appear):
- \_\_\_\_\_

- I/We will consider sharing our story in a CDC Foundation publication so that it might inspire others.
- I/We would not like to be listed as members of the Healthy Futures Society and wish to remain anonymous. (Please select all that apply)
- We do not want to be invited to any Healthy Futures Society events.
- We do not want to be included in any Healthy Futures Society special mailings.  
(Healthy Futures Society mailings, emails, updates, holiday cards, and birthday cards)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to: CDC Foundation, Attn: Helene Erenberg, P.O. Box 117300, Atlanta, GA 30368-7300 OR by e-mail: [herenberg@cdcfoundation.org](mailto:herenberg@cdcfoundation.org). Completion of this form is not intended to be legally binding, but a notification of intent. Please discuss your planned giving intentions with your professional financial advisor. The CDC Foundation is a tax-exempt nonprofit organization recognized by section 501(c)(3) of the Internal Revenue Code. Tax ID# 58-2106707. Contributions are deductible as allowed by law.