

Joining the Legacy Society

The Legacy Society recognizes individuals and couples who have notified the Turner Syndrome Foundation that they have named the Turner Syndrome Foundation, Inc. as the beneficiary of any type of planned or deferred gift.

Joining the Legacy Society can be accomplished in two easy steps:

- 1. Include a charitable bequest designating the Turner Syndrome Foundation, Inc. as a beneficiary in your estate plan. Such bequests are generally accomplished by including the Foundation as a beneficiary of:
 - A will or trust
 - An IRA or 401K retirement plan
 - A life insurance policy
 - A charitable gift annuity, charitable remainder trust or other planned gift
- 2. Inform the Turner Syndrome Foundation, Inc. that you have made the necessary arrangements by returning the form that is printed below. Returning the completed form will allow us to acknowledge your planned gift.

egacy	Society Designation Fo	orm			
	I/We have made a provision to include the Turner Syndrome Foundation, Inc. as a beneficiary of my/our estate plans, and wish to be included in the Legacy Society.				
	he Foundation is authorized to list the following name(s) as members of the Legacy Society:				
	(Please print your name(s) as you would like them to be listed)				
	I/We have made a provision to include the Turner Syndrome Foundation, Inc. as a beneficiary of my/our estate plans, but prefer not to be listed as members of the Legacy Society.				
	I/We have made a provision to include the Turner Syndrome Foundation, Inc. as a beneficiary of my/our estate plans, but prefer not to be listed as members of the Legacy Society. The Foundation is authorized, however, to recognize the gift under the title of "Anonymous."				
	I/We have not yet made provisions to include the Turner Syndrome Foundation, Inc. as a beneficiary of my/our estate plans, but would like additional information about how I/we might utilize the Foundation as we consider leaving a legacy gift.				
	Signature	Do	ute	Email Address	
	Printed Name Street Address or P.O. Box				
	City	State	Zip Code	Phone	

Please return the completed form to: