



Declaration of Intent for Legacy Giving

Thank you for including FPA in your estate plans. We appreciate you providing us with some information about your gift. Please complete this form to notify us of your intended bequest to the Facial Pain Association and indicate your name preference regarding publication as a Legacy Society Member. This form should also be shared with your Estate Attorney. All information is held in the strictest confidence.

I have named the Facial Pain Association as a beneficiary in my will/trust:
for the amount of: \$
to receive % of my estate. I estimate the present value of my estate to be \$
to receive the following tangible personal property
My bequest is contingent: Yes No
I have named the Facial Pain Association as a beneficiary of my life insurance policy.
Current cash value of policy: \$ or the face value of the policy: \$
I have named the Facial Pain Association as a beneficiary of my IRA/retirement plan.
I estimate that the Facial Pain Association will receive \$
I have established a Charitable Remainder Trust (CRT) which benefits the Facial Pain Association.
The principal of my CRT when established was \$ and the Facial
Pain Association will receive % of the remainder when the CRT terminates.
I have established a Charitable Lead Trust (CLT) to benefit the Facial Pain Association.
The Facial Pain Association will receive \$ per year for years under my CLT.
Legacy Society Name Preference (listings will appear on the FPA website, Quarterly journal and other
Legacy Society marketing materials):
I wish to remain anonymous
Signature: Date:

Please return this form, and may choose to include relevant pages of your will, trust documents, insurance policy or retirement plan information, to Brandi Underwood at bunderwood@facepain.org or mail to

Facial Pain Association 7778 McGinnis Ferry Road #256 Suwanee, GA 30024.