

Legacy Society Membership

Your commitment to our mission is truly inspiring, and we are honored that you have chosen Cure Alzheimer's Fund® (CureAlz®) as part of your legacy. Thank you for your extraordinary generosity and support.

By including a gift to CureAlz in your charitable plans, you are advancing critical research aimed at preventing, slowing, and ultimately curing Alzheimer's disease. Planned gifts play a vital role in sustaining funding for the innovative research needed to end this disease as quickly as possible.

The information you provide in this form will help us maintain accurate records and appropriately recognize your generosity. This form is not a binding legal document, and all the information you provide will be treated confidentially and will not be shared publicly without your permission. You may send your completed document to Legacy@curealz.org or mail to our principal office.

Cure Alzheimer's FUND

34 Washington St.
Suite 230
Wellesley Hills, MA 02481
curealz.org

What type of planned gift have you made to CureAlz?

Will:	$ _____	Charitable Remainder Trust:	$ _____
Living Trust:	$ _____	Life Insurance Policy:	$ _____
Beneficiary Designation: *(IRA, Bank/Brokerage Account, DAF, etc.)*	$ _____	Property:	$ _____
		Other:	$ _____

This gift is a: Fixed Amount $ _____ Percentage _____ %

This gift is: ☐ Revocable ☐ Irrevocable

Sharing an estimated value allows us to understand, celebrate, and account for your gift, and is not a pledge. We understand that values may change over time.

Please tell us about your gift designation:

_____ % I would like this gift to support research

_____ % I would like this gift to support foundation operations

_____ % I would like this gift to support a *priority area: _____

**Please contact CureAlz to discuss available strategic priorities and projects.*

Is your gift in honor or memory of someone?

☐ Yes, I planned this gift in honor or memory of: _____

☐ No

CureAlz recognizes the extraordinary generosity of those who have included us in their estate plans through membership in our Legacy Society. By sharing the stories of some of these dedicated supporters, we hope to inspire others to create a lasting legacy in the fight against Alzheimer's disease.

- ☐ Yes, I would be willing to share my legacy giving story to inspire others through CureAlz communications, including our website, email updates, and social media.
- ☐ Yes, I would like to share a story of my loved one on the CureAlz webpage: Visit **curealz.org/giving/in-memory**
- ☐ No

Would you like to further engage with CureAlz?

- ☐ Yes, I would like to attend CureAlz regional events or visit with a staff member.
- ☐ Yes, I would like to receive CureAlz's monthly newsletter and email updates featuring the latest Alzheimer's research, scientific discoveries, and progress toward a cure.
- ☐ Yes, I want to learn about becoming a Hero by hosting a fundraising event.

Please Confirm Contact Information

Name(s): _____

Birthday(s): _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Please Confirm Estate Administrator/Trustee

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

DONOR SIGNATURE: _____ Date: _____

DONOR SIGNATURE *if applicable*: _____ Date: _____

WE ARE HERE TO SUPPORT YOU

To learn more about creating your legacy through the CureAlz Legacy Society, or to discuss your planned giving options, please contact our team at 731.943.3785 or legacy@curealz.org.

To determine how a gift or estate planning decision might affect your particular circumstances, it is expressly recommended that you consult an attorney, financial advisor, or other qualified professional.