



Planned Gift Notification

Thank you for considering Arkansas Colleges of Health Education (ACHE) as a beneficiary in your estate plans. By letting ACHE know of your plans, we can thank you by including you in The ACHE Legacy Society.

Completing this form is non-binding. You may change your plans at any time.

Personal Information

Name: _____

Spouse Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Class year: _____ Birthdate: _____

Your Gift Intention

If you are willing to disclose more information about your estate plans, please provide the following information. If available, please attach a copy of the documentation or appropriate language from your will or trust.

- I included a bequest for ACHE my will or living trust.
- I named ACHE as a beneficiary of an asset:
 - Retirement Plan/IRA
 - Bank, Investment, or Other Financial
 - Account Life Insurance Policy
 - Other: _____
- I named ACHE as a revocable/irrevocable (*circle one*) beneficiary of a charitable remainder trust.

The anticipated value of my gift is approximately \$ _____ or _____ % of my estate.

Please let us know how you would like to designate your gift:

- ACHE's greatest needs
 - ACHE Endowed Scholarship Fund
 - ACHE Capital and Naming Opportunities
 - ACHE Research Institute
 - ACHE Diversity
 - Other designation (please describe your intended purpose):
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The ACHE Legacy Society

In grateful recognition of your generosity and commitment to Arkansas Colleges of Health Education, we invite you to join The ACHE Legacy Society. This Society honors those individuals who have included ACHE in their estate plans. As a member of The ACHE Legacy Society, you will be recognized in select alumni publications and online, and will receive invitations to special events.

- Yes, you may include me as a member of The ACHE Legacy Society
- Yes, you may include me as a member of The ACHE Legacy Society but I would like to remain anonymous
- No, thank you; I do not wish to be recognized in this way

If you would like to be recognized, please indicate how you would like your name to appear in The ACHE Legacy Society listings (*please note the amount of your intended gift will not be published*):

Signature: _____ Date: _____

Please email or return signed form to:

Office of Advancement and Alumni Engagement
c/o: Allan R. Marshall, MEd
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Fort Smith, Arkansas 72916
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