



FOUNDERS CIRCLE PLANNED GIVING COMMITMENT FORM

You can make a transformative gift to the Orthopaedic Trauma Association by including the OTA in your will or trust. We are happy to talk through this option with you or your legal advisers. Together, we will transform the future of orthopaedic health.

Name _____

Address _____

Home Phone _____ Cell Phone _____ Email _____

A gift to the OTA in your will or revocable trust proclaims your confidence that we will continue to serve our mission and make a difference in the lives of future orthopaedic trauma surgeons. The following language may help you and your attorney when drawing up a will or trust:

(Name(s)) I/we plan to give, devise and bequeath to the Orthopaedic Trauma Association (OTA), a nonprofit 501c(3) corporation, headquartered in Illinois, Federal Tax ID Number #68-0074461, the sum of _____ (or % of my estate), (or other personal property herein described) to be used for its general programs in research and education or for the support of a specific fund or program.

- | | |
|--|--|
| <input type="checkbox"/> Bequest | <input type="checkbox"/> Retained Life Estate |
| <input type="checkbox"/> Appreciated Securities | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Gift of Life Insurance | <input type="checkbox"/> Charitable Remainder Trust: |
| <input type="checkbox"/> Gift of Retirement Plans | Annuity Trust or Unitrust (please circle) |
| <input type="checkbox"/> IRA Rollover | |
| <input type="checkbox"/> Charitable Gift Annuities: | |
| Current or Deferred (please circle) | |
|
 | |
| <input type="checkbox"/> I/we wish to remain anonymous | |

Signature of donors(s) _____ Date _____

Please recognize me/us in the Founders Planned Giving Circle as: _____

This information will only be shared with the Board of Directors and chair of the Fund Development Committee in strict confidence to be used for internal planning purposes only.

Please return to: Elizabeth Plummer, Director of Development, Orthopaedic Trauma Association, 9400 W. Higgins Road, Suite 305, Rosemont, IL 60018. Phone: 847-698-1631 or email: plummer@ota.org

Completion of this form is not intended to be legally binding, but notification of intent. Please discuss your planned giving intentions with your professional financial advisor. OTA is a tax-exempt nonprofit organization recognized by section 501(c)(3) of the Internal Revenue Code. Tax ID #68-0074461. Contributions are deductible as allowed by law.