



Dear Donor,

We realize that many people who plan to support the American Parkinson Disease Association (APDA) through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

June Colasuonno  
Fundraising Campaign Manager  
American Parkinson Disease Association  
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## Planned Gift Notification – Confidential

### Personal Information

Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

## Your Gift Intention

Please provide the following information and attach a copy of the documentation or appropriate language from your will or trust, if available. Please complete all that apply.

- I/We want to support the mission of the American Parkinson Disease Association through a planned gift as described below:
- I/We have included a bequest for APDA in my/our will or living trust.
  - I/We have named APDA as a beneficiary of an asset:
    - Retirement Plan                       Bank, Investment, or Other Financial Account
    - Life Insurance Policy               Other: \_\_\_\_\_
  - I/We have named APDA as a revocable/irrevocable (*circle one*) beneficiary of a charitable remainder trust.

The anticipated value of my/our gift is/will be approximately \$ \_\_\_\_\_ or \_\_\_\_\_ % of my/our estate. *(If possible, please include a copy of the bequest language or other wording describing your planned gift.)*

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Please provide a general description of the gift provision (*such as, asset to be donated if other than cash or securities, how gift is to be used, whether gift is to create an endowment, etc.*):

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Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Return form to:

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Office of Planned Giving  
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