

Alpha Kappa Alpha Educational Advancement Foundation, Inc.®
Planned Gift Affirmation

CONFIDENTIAL

I am pleased to make known the following investment(s) in the future through the Alpha Kappa Alpha Educational Advancement Foundation, Inc.® (The Foundation or EAF®):

- I have included the Foundation in my will/insurance/estate plans. My Executor/Attorney/Trustee is:

(Name) (address)

(city/state/zip) (Phone)

The Provisions are: _____

- I am willing to establish a Charitable Remainder Trust, and am contemplating an initial gift of ___ Cash ___ Securities ___ Physical Property*(describe : _____), naming the Educational Advancement Foundation as sole beneficiary. The fair market value of this gift is \$ _____.
- I am willing to purchase life insurance naming EAF® as: ___ Beneficiary or ___ Owner and Beneficiary
- I would like to make other estate provisions for EAF® (please describe):

- I am enclosing a donation of \$ _____ in memory of _____

Name _____
(Please Print)

Address _____ E-Mail: _____

City/State/Zip _____

Phone (days) _____ (evenings) _____

AKA EAF is a nonprofit organization located at:
5656 S. Stony Island Ave., Chicago, IL 60637
Federal Tax ID #36-3104692

Signature

Date

*All gifts are subject to the terms of our gift acceptance policy taking into consideration the prevention and avoidance of undue costs, risks, or liabilities of any nature.