



## Bequest Notification Form

**I have included the College of Psychiatric and Neurologic Pharmacists (CPNP) Foundation in my estate plan.**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*(Please notify us of changes in your address so we can stay in touch with you)*

### **Type of Bequest:**

I/We have made a provision for the CPNP Foundation in my/our estate planning to support the mission of the Foundation.

\_\_\_ I/We have included the CPNP Foundation as a beneficiary of the asset described below:

\_\_\_ Retirement plan(s): \_\_\_\_\_

\_\_\_ Financial or investment account(s): \_\_\_\_\_

\_\_\_ Life insurance policy(ies): \_\_\_\_\_

\_\_\_ Other asset(s) (describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_ A percentage of my/our estate, for a percentage of \_\_\_\_\_%

\_\_\_ A percentage of my/our residual estate, for a percentage of \_\_\_\_\_%

\_\_\_ A fixed amount of my/our estate: \$\_\_\_\_\_

\_\_\_ I/We have left my/our entire estate for the benefit of CPNP Foundation.

**With your permission**, we would like to include your name(s) in our CPNP Foundation listings which appear in our print and electronic publications and on signage at CPNP's Annual Meeting. Please indicate your preference for publishing your name(s).

\_\_\_ I/We would like others to be encouraged by my/our example. In published recognitions, please list me/us as: \_\_\_\_\_

\_\_\_ I/We would like to be listed as members of the Legacy Partners Society, the planned giving society of CPNP Foundation. Please list me/us as: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I/We would like to remain anonymous and prefer that my/our names(s) not be published.

Executor Information:

Title \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*This form is non-binding and does not constitute a legal promise of any future donation to the CPNP Foundation. The Foundation Board of Directors understands that bequests are revocable and that your estate plans may change. Thanks so much for completing this form for our records.*

Please return to:

College of Psychiatric and Neurologic Pharmacists Foundation  
8055 O Street, Suite S113  
Lincoln, NE 68510

Phone: 402-476-1677  
Fax: 888-551-7617

**Email:** info@cpnpfoundation.org

**501(c)3 Tax ID #:** 27-1597907