



AIDS Help, Inc.  
Legal Name: A.H. of Monroe County, Inc.  
EIN: 59 2678740  
1434 Kennedy Drive, Key West, FL 33040  
Phone: (305) 296.6196 / Fax: (305) 296-6337  
Robert Walker – Executive Director  
Robert.W@AidsHelp.cc / www.aidshelp.cc

## Statement of Intent

I/We, \_\_\_\_\_ (names) plan to provide for AIDS Help through:

- Will/Bequest       Insurance Policy       Charitable Gift Annuity  
 Trust               Real Estate or Property       401K/IRA/Retirement Plan  
 Other \_\_\_\_\_.

Current estimated value of my planned gift is (optional) \$\_\_\_\_\_.

**Please attach a copy of any instructions or pertinent information about your planned gift.**

- My planned gift is designated for AIDS Help's unrestricted use.  
 My planned gift is to be used for \_\_\_\_\_.

## Recognition Options

- I/We would like to be recognized as a benefactor for AIDS Help and as a member of the \_\_\_\_\_ society name \_\_\_\_\_.  
 I/We would like to remain anonymous during my/our lifetime, but when the gift is realized, I/we would accept recognition of my/our gift.  
 I/We would like to have this gift remain anonymous in perpetuity.

## My Contact Information is:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Please include me in future mailings.  Please include me in future emails.

## Please complete this form and return it to:

Robert Walker / Executive Director / AIDS Help, 1434 Kennedy Drive, Key West, FL 33040  
Phone (305) 296-6196 / FAX (305) 296-6337 / Robert.W@AidsHelp.cc

**IMPORTANT:** *This document only informs AIDS Help of your plans. It does NOT obligate you in any way. On behalf of AIDS Help we want to THANK YOU for thinking of us with your donation.*