



Commitment Form

I have included The Progeria Research Foundation in my estate plans in recognition of my strong commitment to leave a legacy.

Name: _____ **Email:** _____

Address: _____ **Phone:** _____

☐ I wish to be recognized as follows: _____

☐ I wish to remain anonymous.

Type of Planned Gift: (optional)

☐ Will

☐ Trust

☐ Retirement Plan Beneficiary

☐ Life Insurance Policy Beneficiary

Purpose of the Planned Gift:

☐ Unrestricted gift: The Progeria Research Foundation and its Board of Directors may direct funds to where the need is greatest.

☐ Restricted to a specific purpose: (please identify) _____
Please provide any other details you wish to share (including amount of planned gift): _____

Optional: Please attach the relevant portion of the instrument (will, policy, etc.)

All information is kept in the strictest confidence and used for internal record keeping purposes only.

Signature: _____ **Date:** _____

Please return this form by email to: plannedgiving@progeriaresearch.org
or mail to:

The Progeria Research Foundation
PO Box 3453
Peabody, MA 01961

Thank you for your continued commitment. Completion of this form is a notification of intent only and not intended to be legally binding. Please discuss your planned giving intentions with your professional financial and legal advisors.