



Heartland Health Research Alliance Planned Giving Form

Name: _____

Address: _____

Phone: _____ Email: _____

What is the nature of your planned HHRA gift? (Check all that apply.):

- Insurance policy designating HHRA as beneficiary (Amount: \$ _____)
- Specific amount (\$ _____) designated for HHRA in your will or living trust
- Specific percentage (_____ %) designated for HHRA in your will or living trust
- Annuity, trust, or other life income gift designating HHRA as beneficiary
- Other (please describe) _____

May we publicly acknowledge you as an HHRA planned giver?

Yes No

If yes, please tell us how you wish your name(s) to be credited:

Thank you for your gift. Please either mail it to the HHRA at 17145 W. Bluemound Road, Suite J-128, Brookfield, WI 53005 or email it to the HHRA executive director at rking@hh-ra.org.