



The Cornerstone Society Confidential Membership Form

Thank you for including Cure HHT in your estate plans. The Cornerstone Society was established to honor those who have taken the special step of naming Cure HHT in their estate plans.

Please fill out this form and return it by mail, or as an email attachment, to the address below. The information you share with us is kept in confidence and is subject to the authorizations you provide below. If you make any change to these provisions, please notify Cure HHT.

TYPE OF GIFT

I/We have included a bequest to Cure HHT in my/our will or revocable trust:

The bequest will be in the form of a: will trust

- Specific Bequest of \$ _____
- Percentage Bequest of _____%.. Est. value: \$ _____

I/We have named Cure HHT as a beneficiary of:

- Retirement Plan (IRA, 401k, 403b, SEP)
Cure HHT interest: _____% Current value of plan: \$ _____
Cure HHT is (check one): ___ Primary Beneficiary ___ Secondary Beneficiary
- Life insurance Policy
Face Value: \$ _____ Cash Value: \$ _____
Cure HHT is (check one): ___ Primary Beneficiary ___ Secondary Beneficiary

I/We have made a life income gift to Cure HHT through:

- Charitable Gift Annuity
Market Value: \$ _____
- Charitable Remainder Unitrust
Market Value: \$ _____ Cure HHT interest: _____% Payout: _____%
- Charitable Remainder Annuity Trust
Market Value: \$ _____ Cure HHT interest: _____% Payout: \$ _____

DOCUMENTATION

- Yes!** A copy of the portion of my/our will or trust agreement that applies to Cure HHT, or the Beneficiary Form in which Cure HHT is named, is attached hereto for your confidential files.

AUTHORIZATION FOR USE OF NAME

- Yes!** I/we authorize Cure HHT to include my/our name(s) in official publications and on public recognition devices to encourage others to follow my/our example. I/we understand that this authorization is limited to the use of my/our names(s) only and that the type and amount of my/our gift will remain strictly confidential.

How I/we wish to be listed: _____

- I/we prefer to remain anonymous.

Please complete all information below for proper recording of your commitment. Thank you!

SIGNATURE #1

DATE

Please print name

_____/_____/_____
Date of Birth

SIGNATURE #2 (if applicable)

DATE

Please print name

_____/_____/_____
Date of Birth

Mailing Address: _____

Phone Number: _____ Email Address: _____

Since you are a valued member of our community, we'd like to hear more about why you've decided to ensure our future success with your generous donation. Please feel free to call or email us, or share your thoughts below.

After you have completed this form, please mail or email it to:

Cure HHT
Office of Philanthropy
P.O. Box 329
Monkton, MD 21111
Email: officeofphilanthropy@curehht.org

Legal Name: HHT Foundation International, Inc. of Monkton, Maryland, EIN 22-3115041