Thompson Foundation
FOR AUTISM & NEURODEVELOPMENT

CONFIDENTIAL ESTATE GIFT INTENTION FORM

Thank you for your generous commitment

Your legacy gift will help ensure that children and families impacted by autism and other neurodevelopmental diagnoses will continue to receive world-class care, groundbreaking research, innovative programs, and compassionate support for generations to come.

Please use this form to share the details of your legacy gift so we can better understand your interests and acknowledge your commitment to the Thompson Foundation for Autism & Neurodevelopment.

Name _____ Birthdate _____

Spouse Name *(if applicable)* _____ Spouse Birthdate _____

Mailing Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

ABOUT YOUR GIFT

If you are willing to disclose more information about your gift, please share the details, or attach a copy of the page from your estate plan that references the Thompson Foundation. All documentation will be held in strict confidence.

☐ Will/Living Trust ☐ Life Insurance Policy ☐ Other: _____

☐ Retirement Plan/IRA ☐ Real Estate _____

% of asset with an estimated current value of $ _____

OR specific gift amount $ _____

Beneficiary Designation: _____

PURPOSE OF GIFT

☐ This is an unrestricted gift

☐ This gift is to be used for the following purpose or program:

☐ Family Support Fund ☐ Training ☐ Research ☐ Intensive Outpatient Program

☐ Other: _____

RECOGNITION

☐ I/we would like to be listed among Founder's Circle donors.

Please list my/our name(s) as: _____

☐ I/we would like to keep my/our name private, please list as Anonymous.

I/we understand that this is not a legal or binding commitment on my/our estate. The Thompson Foundation for Autism & Neurodevelopment should understand that the size of this future gift may be significantly different from the amount estimated above. If for any reason in the future the Thompson Foundation is no longer in my/our plan, I/we will notify you so that you can update your records.

_____ _____

Signature Date Spouse Signature *(if applicable)* Date

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How to include the Thompson Foundation for Autism & Neurodevelopment in your estate plan

To make a future gift to the Thompson Foundation for Autism & Neurodevelopment, you'll want to create or revise the documents that govern your gift. Describe how you plan to make the gift and the purpose or program your gift will support. To include the Thompson Foundation in your living trust, we suggest that you and your legal advisor consider the following language:

1. TYPE OF GIFT

- A specific dollar amount, or percentage of your estate:
  - ***(percent) % of my estate owned by me at my death***
  - ***the sum of $(amount)***
- Property:
  - ***description of property***
- The remainder of your estate, after other distributions:
  - ***the residue of my estate at my death***

2. PURPOSE OF GIFT

- Unrestricted:
  - ***for the unrestricted use by the Thompson Foundation.***
- Designated:
  - ***for the unrestricted use and benefit of (program or purpose).***
  - ***to fund the previously established (fund) and any amendments thereto.***
- Named fund:
  - ***to establish the (Named Fund) which is to be used for (program or purpose).***

SAMPLE LANGUAGE

"I give, devise, and bequeath to the Thompson Foundation for Autism & Neurodevelopment, an independent 501(c)(3) nonprofit organization, located in Columbia, Missouri, Federal Tax ID number 20-8293152, [type of gift] [purpose of gift]."

Upon your request, the Thompson Foundation for Autism & Neurodevelopment will prepare a separate fund document at no cost to you. Your trust may then direct the gift to the fund. By using this planning strategy, you will retain the option to alter the purpose of your fund without the expense or inconvenience of amending your estate plan.

3. LET US KNOW!

When you let us know that you've included the Thompson Foundation in your estate plan, we can plan for the future and prepare to follow your gift instructions. We want to make sure we fulfill your wishes and preserve the legacy you have planned for your gift.

Please return the Confidential Gift Intention Form to:

Thompson Foundation
for Autism & Neurodevelopment
Attn: Myles Hinkel, Executive Director
701 Veterans United Drive
Columbia, MO 65201
myles@thompsonfoundation.org, 573-884-0777

If you, your Attorney or Executor have any questions, please contact the Thompson Foundation at 573-882-9405 or tfadmin@thompsonfoundation.org