



Legacy Circle: Declaration of Intent

This Declaration of Intent is an expression of my desire to help advance the growth and stability of podiatric medicine through student scholarships and increase statewide awareness of foot and ankle health. It is my intent to name the FPMS Educational Foundation, Inc. as a beneficiary in my estate plan.

I have included a gift, along with supporting documentation, to the FPMS Educational Foundation, Inc. through:

- Wills and bequests
- Life Insurance
- Large capital gifts
- Investment securities
- Other (specify) _____

My gift is currently valued at \$ _____, which is:

- a specific dollar amount
- a percentage of my estate's value (_____ percent)
- a part or all of the remainder of my estate (_____ percent)

I wish to be recognized as a member of the Legacy Circle to help encourage others to make an exemplary commitment

Name as you wish to be listed: _____

Check here if you would like this gift to be listed as "Anonymous."

Name _____ Member Number _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Please mail, fax, or email your completed pledge form to:

FPMS Legacy Circle
3375-F Capital Circle NE, Ste. 201
Tallahassee, FL 32308
Fax Number: (850) 681-0899
Email: admin@fpma.com