



## The Society For Pediatric Radiology

1891 Preston White Drive  
Reston, VA 20191  
Phone: 703-648-0680  
Email: spr@acr.org  
Web: <http://www.pedrad.org>

## The SPR Research and Education Foundation

### DECLARATION OF SUPPORT

(Notification of Client(s) Inclusion of the SPR Research & Education Foundation in Estate Plan)

***Providing only GENERAL information regarding the community support we have received helps us plan for the future. Please tell us about any recent gifts, and help fund the future of Pediatric Radiology.***

***I am pleased to report that my client(s) (name(s) optional) has included the SPR Research & Education Foundation in his/her/their estate plan in the following manner:***

**1. Type of Gift:**

- As a beneficiary in a will or living trust. (Is gift (circle one) specific, residual or contingent?)
- As a beneficiary in a **Charitable Remainder Trust** or **Charitable Lead Trust**.  
    % Payout Rate:
- As a beneficiary of a Retirement Plan.
- As a beneficiary in a **Life Insurance Policy** or in a manner not named above. Please Specify:

**2. Estimated value to the SPR Research & Education Foundation**

**3. Date of client's birth:**

**4. Gender of Client:**

- Male
- Female

**5. In regards to listing my client(s) name in the donor recognition program:**

- I would like my client(s) name(s) to appear as:
- Donation is In memory of: \_\_\_\_\_
- Donation is In honor of: \_\_\_\_\_
- Please do not list my client(s) name(s). The commitment should appear "Anonymous"

I trust this information will be held in the strictest confidence and utilized only for estimating the value of future gifts to support pediatric radiology research and education.

**It is understood that this Declaration of Support is not legally binding and that the future gift to the SPR Research & Education Foundation may be changed without notice.**

**Advisor Signature**

**Date    Address**

**Print Name**

**City, State, Zip Code**

**Phone Number**