



Estate Planning Confirmation

☐ I have included the Dermatology Found Enclosed please find the appropriate d	•	lanning.	
I would like to learn more about estate	planning options, p	ease contact me.	
Name			
Address			
City	 State	Zip	
Phone Cell	Phone Bus	Phone Business	
Email			
Gift Recognition			
Your name may appear on a Visionary Soc	ciety roster published	d or online.	
Please let us know your preference to resp	pect your wishes.		
Yes, I give permission for my name to b	oe used. Please recoຄ	nize me as:	
☐ No, I prefer to remain anonymous			
Signature	 Date		

Please return this form to

The Dermatology Foundation
Jim Struthers, Director of Development

Your tribute is one of the greatest honors the Dermatology Foundation could receive.