



Dermatology  
Foundation

**VISIONARY**  
SOCIETY

### Estate Planning Confirmation

I have included the Dermatology Foundation in my Estate Planning.  
Enclosed please find the appropriate documentation.

I would like to learn more about estate planning options, please contact me.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Phone Cell*

\_\_\_\_\_  
*Phone Business*

\_\_\_\_\_  
*Email*

### Gift Recognition

Your name may appear on a Visionary Society roster published or online.  
Please let us know your preference to respect your wishes.

Yes, I give permission for my name to be used. Please recognize me as:

\_\_\_\_\_

No, I prefer to remain anonymous

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### Please return this form to

The Dermatology Foundation  
John Bournas, Executive Director

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