

5750 Old Orchard Road, Suite 450, Skokie, IL 60077-1090 · Phone 847.328.2256 · Fax 847.328.0509 · DermatologyFoundation.org

Visionary Society Response Form

Thank you for considering a lasting investment in the future of dermatology.

PART 3 · RESPONSE & CONFIRMATION FORM

☐ I have already included the Dermatology Foundation in my future giving plans. Enclosed please find the appropriate documentation.

- ☐ Will or living trust ☐ Retirement account beneficiary
☐ DAF successor beneficiary ☐ Other: _____

☐ I plan to include the Dermatology Foundation in my future giving plans.

☐ I would like information about:

- ☐ Will or living trust ☐ Retirement account beneficiary
☐ DAF successor beneficiary ☐ Other planned-giving options

☐ I would like information about a current QCD from an IRA.

☐ I would appreciate a confidential, no-obligation conversation.

Salutation / Name: _____

Address: _____

City / State / Zip: _____

Phone: _____

Email: _____

Birthdate (optional): _____

RECOGNITION

With your permission, we would be honored to recognize you in Dermatology Foundation materials. Members receive updates about the work their future gifts will help advance.

☐ You may recognize me as a Visionary Society member. Please recognize me as:

Recognition name: _____

☐ I prefer to remain anonymous.

Comments or special requests: _____

Signature: _____

Date: _____

THANK YOU!

Your generosity reflects a deep commitment to the future of dermatologic care. Gifts like yours fuel the research, education, and clinical advances that lead to new discoveries for better treatments and better lives for patients living with skin disease.

Thank you for investing in that future with us.

Please return this form to: Dermatology Foundation, Development Office, 5750 Old Orchard Road, Suite 450, Skokie, IL 60077-1090,
or Email to: jebournas@dermatologyfoundation.org