

Planned Giving Commitment Form

I/ We have included Pelo	tonia in my/our e	state plans.		
NAME:			DATE OF BIRTH:	
NAME (if joint gift):			DATE OF BIRTH:	
ADDRESS:				
CITY:	STATE: _		ZIP CODE:	
PHONE:		EMAIL:		
name(s) included at Pelo	otonia events and I website) recogni	in published listi izing our planned	ety and give permission to have ts (publications, newsletters, d d gift donors. Please list my nar	onor
☐ I/ We wish to remain a	inonymous.			
All information indicated potential legacy and plar			and is only used to track curre	nt and
Type of Planned Gift:				
Please describe your gift	(or attach a copy	of your gift doc	umentation):	
\square Bequest through will d	or trust	☐ IRA, pens	sion, or other retirement accou	nt
\square Other (please specify)):			
The estimated current do	ollar value of my g	gift is \$	·	
Purpose of Planned Gift	<u>t:</u>			
☐ The gift is unrestricted	l to provide maxir	mum flexibility to	Pelotonia.	
\Box The gift is directed to \Box Center.	cancer research a	at The Ohio State	e University Comprehensive Ca	ncer
\Box The gift is directed to \Box	cover Pelotonia o	perational costs		
Signature:			Date:	
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Please return to Erika Walker at ewalker@pelotonia.org or 2281 Kenny Road, Suite 450 Columbus, OH 43210. Completion of this form is a notification of intent only and not intended to be legally binding. Please discuss your planned giving intentions with your professional financial and legal advisors.