



REED VISIONARY FUND ESTATE GIFT CONFIRMATION: CONFIDENTIAL

Thank you for your generous gift to the REED Foundation for Autism. Your charitable estate gift will provide positive change in the lives of individuals with autism for future generations.

Member Name: _____ Date of Birth: _____

Member Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

- GIFT IN MY WILL OR LIVING TRUST
- RETIREMENT PLAN OR IRA DESIGNATION
- BANK OR BROKERAGE ACCOUNT DESIGNATION
- LIFE INSURANCE POLICY DESIGNATION
- DONOR-ADVISED FUND SUCCESSION PLAN
- CHARITABLE GIFT ANNUITY
- CHARITABLE REMAINDER OR LEAD TRUST
- REAL ESTATE OR OTHER ASSET
- I WISH TO REMAIN ANONYMOUS IN THE LISTING

Approximate amount of gift:

Name of financial institution or IRA custodian:

Please recognize my gift in honor or memory of:

Comments:

Member Signature: _____ Date: _____

Member Signature: _____ Date: _____

REED CEO Signature: _____ Date: _____

By making this gift, you become a member of the REED Visionary Fund. If you are comfortable sharing supportive documentation of your gift such a copy of a bequest section with dated signature page, please include with this form. The details on this form as well as any additional information you share with us will remain confidential.

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