



Patient Safety Legacy Circle

PLEDGE FORM

Thank you for graciously including the Patient Safety Movement Foundation (PSMF) in your estate legal plans. We appreciate your interest in continuing to invest in our life-saving work. We want to recognize your pledge of future support, so we welcome you as a founding member to the **Patient Safety Legacy Circle (PSLC)**!

In the interest of helping us market our new planned giving program to others, we respectfully ask you to share an acknowledgement of the pledge here in writing and allow us to use your name, photo or a video, and a testimonial for our website to encourage other forward-thinking patient safety advocates to likewise leave a lasting legacy of safer care for patients as we plan for zero patient harm by 2030.

I, _____, (please print your name as you would like to be recognized on our website) sincerely pledge* that I have named the Patient Safety Movement Foundation, Federal Tax Identification #46-2730379, as a future beneficiary in my estate plans.

The estate planning vehicle is a (check all that apply):

- Will
- Family Trust
- Special Needs Trust
- Charitable Gift Annuity
- Charitable Remainder Trust
- Lead Charitable Trust
- Health Insurance
- Life Insurance
- Other (please specify): _____

This paperwork is executed in the State/Region of: _____, Country: _____.

PSLC Founding Member's Signature

Date

This pledge is witnessed and received by PSMF representative:

Director of Development

Date

Thank you for your pledge!

*(*Please note that this pledge form is not legally binding.)*