

---

# COLORADO HEALTH NETWORK INC.

---

## Planned Gift Letter of Intent

As an investment in Colorado Health Network's future, and in consideration of the gifts of others for the same purpose, I/we intend and expect to establish an estate gift naming Colorado Health Network Inc., DBA Colorado AIDS Project as an ultimate beneficiary.

I/We have made provisions for the following planned gift(s) to Colorado Health Network Inc.:

- |  |  |
|--|--|
| <input type="checkbox"/> Bequest in a Will                             | <input type="checkbox"/> Life Insurance          |
| <input type="checkbox"/> Charitable Gift Annuity                       | <input type="checkbox"/> Charitable Trust        |
| <input type="checkbox"/> Individual Retirement Account                 | <input type="checkbox"/> Other Provisions: _____ |
| <input type="checkbox"/> The ultimate intended purpose of my/our gift: |  |
| <input type="checkbox"/> Unrestricted                                  |  |
| <input type="checkbox"/> Endowment, for the following purpose _____    |  |
| <input type="checkbox"/> Other _____                                   |  |

I/We wish to keep this planned gift anonymous at this time.

I/We wish to be included in the Julian Rush Society

The approximate current value of my/our estate gift is: \_\_\_\_\_

---

Signature(s)

Date(s) of birth

---

Please print your name(s)

**This Planned Gift Letter of Intent shall not constitute a legal binding obligation and shall not be legally binding in any way on my estate or me.**

**While I/we consider that I/we have made a moral obligation to make this gift,  
I/we reserve the right to adjust or cancel it in the event of unforeseen circumstances.**

Colorado Health Network Inc., is a 501(C)3 nonprofit organization, Federal tax ID # 84-0961159  
303.837.0166—6260 East Colfax Ave, Denver Colorado 80220