



**THE SHOE BOX SOCIETY FOR PLANNED GIVING  
NATA RESEARCH & EDUCATION FOUNDATION  
CONFIRMATION OF DEFERRED COMMITMENT**

To qualify your commitment to the NATA Foundation, please provide the following information:

**NAME(S):** \_\_\_\_\_

1. Document Type

- Will
- Insurance Policy
- Charitable Gift Annuity
- Estate Note
- Trust
- Retirement Plan Beneficiary Designation

Other (specify): \_\_\_\_\_

2. When does this commitment occur?

- My death
- Death of one spouse or partner (specify)
- Death of both spouses or partners

3. Please describe the nature of the gift:

- Percentage of Estate: \_\_\_\_\_%
- Specific dollar amount: \$ \_\_\_\_\_
- Specific Item(s): \_\_\_\_\_

4. If your gift is to be restricted in any way, please describe the nature of the restriction:

\_\_\_\_\_  
\_\_\_\_\_

5.  Attached is a copy of my (our) will/insurance policy/charitable gift annuity agreement/estate note/trust/retirement plan designation or other instrument(s) to benefit the Foundation (Optional)

6.  I (we) would like to have my (our) name(s) listed as a( ) member(s) of the Shoe Box Society for Planned Giving. This society honors those that have a deferred commitment to the Foundation (Optional).

The NATA Research and Education Foundation will accept charitable gifts where there is charitable intent on the part of the donor and the gifts further the mission and goals of the organization. All gifts must be consistent with the ethical values and principles of the NATA Foundation. The acceptance of gifts is subject to the Gift Acceptance policy of the NATA Foundation as approved by the Board of Directors.

For gift crediting purposes, I/we understand that we should notify the NATA Foundation if changes are made to my (our) will/insurance policy/charitable gift annuity agreement/estate note/trust/retirement plan designation or other instrument that will affect this provision. This confirmation, in and of itself, is not intended to be binding on my/our estate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of birth