



Bequest Society

The Idaho Dental Foundation (IDF) was formed as a tax exempt 501(c)(3) corporation in June 2006.

This foundation is a nonprofit cooperation exclusively for charitable, educational, and scientific purposes; including-but not limited to the making of distributions to organizations that qualify as exempt organizations under sections 501(c)(3) of the Internal Revenue Code. Contributions to the Idaho Dental Foundation are voluntary and fully tax deductible.

The IDF Board of Directors are unpaid volunteers who meet twice a year and represent all seven dental societies in Idaho. This allows the board to gain local information from each district to guide us in supporting oral health efforts statewide.

Join the IDF Bequest Society!

You may become a member of the IDF Bequest Society by making the IDF a beneficiary in your estate plans. The process is very simple. You would complete a codicil to your will. The IDF can provide you a simple codicil for your use at your request. Once you have finalized your plans, please submit the attached form and mail to:

Idaho Dental Foundation
1220 W. Hays St.
Boise, ID 83702
Fax: (208) 343-0775

All Bequest Society members receive recognition from the Board of the IDF.

Donors will receive an engraved crystal recognition piece.

Thank you for your generous commitment!

Please direct questions about Bequest Society Membership to Linda Swanstrom at
(208)515-7542 or Info@TheISDA.org

Idaho Dental Foundation Bequest Society

___ Yes, I/we would like to join the Idaho Dental Foundation Bequest Society.

Name _____ Spouse's Name if joint _____

Date of Birth _____ Spouse's Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____

Email _____

ISDA Component Society _____ ADA Number _____

Type:

- | | |
|--|---|
| <input type="checkbox"/> Will | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Living Trust | <input type="checkbox"/> IRA/401(k) |
| <input type="checkbox"/> Charitable remainder unitrust | <input type="checkbox"/> Other |

\$_____ to the Idaho Dental Foundation

I have included a copy of the relevant sections of my: Will Living Trust
 Life Insurance Policy

for safekeeping at the Idaho Dental Foundation.

- Yes, the IDF may publish my name as an example to others.
- No, I would like my name withheld from all publications (including reports) and to remain anonymous.

I certify I am the person names above and have elected to join the IDF Bequest Society at this time.

Signature _____ Date _____

Additional Comments: _____

