



## Planned Giving Pledge Card

I, \_\_\_\_\_, pledge to leave at least \$ \_\_\_\_\_ to the AAML Foundation in my will or trust, by life insurance or otherwise, on my death.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

Please complete and return with beneficiary form to:

AAML Foundation  
Attn: Kimberley Scott  
209 W Jackson Blvd, Ste 602  
Chicago, IL 60606-6937