



LEGACY SOCIETY FORM

(Name)

CODICIL TO MY LAST WILL AND TESTAMENT

Specific Bequest:

Among other specific bequests noted in my Last Will and Testament, I leave to the International College of Dentists USA Section Foundation, located at 610 Professional Drive, Suite 201, Gaithersburg, Maryland, 20879 for their absolute use the following: _____

(Source)

(Amount)

AFFIDAVIT

I, _____, the Testator, sign my name to this instrument this ____ day of _____, 20____, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as a Codicil to my Last Will and that I sign it willingly (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes expressed in the Last Will, and that I am eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

Testator

We, _____ and _____, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as the Testator's Last Will and that the Testator signs it willingly (or willingly directs another to sign for the Testator), and that each of us, in the presence and hearing of the Testator, hereby signs this Last Will as witness to the Testator's signing, and that to the best of our knowledge the Testator is eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

Witness #1

Witness #2

STATE OF _____

COUNTY OF _____

Subscribed, sworn to and acknowledged before me by _____, the Testator, and subscribed and sworn to before me by _____ and _____, witnesses, this ____ day of _____, 20____.

(Seal)

(Signed) _____

(Official capacity of officer)

Instructions

DESIGNATION OF GIFT

Name: ICD Fellow Full Name

Source: Cash; Insurance Policy proceeds; Retirement Account; Other

Amount: Contribution amount to the USA Section Foundation

Date: Date of Notary affirmation of bequest

Testator: ICD Fellow making bequest signature (as witnessed by Notary)

Witnesses: Top line witness names printed; Bottom line witness signature (as witnessed by Notary)

NOTARY CONFIRMATION

State: Location of Notary authorization

County: Location of Notary authorization

Name: Name of Donor

Witnesses: Printed name of both witnesses

Date: Date Notary is authorizing

Signed: Signature of Notary

Official Seal: Notary seal affixed to document

Once Legacy Society Form completed, scan the official document and send to:

ICD USA Section Foundation
Legacy Society
610 Professional Drive, Suite 201
Gaithersburg, MD 20879

Once confirmed by the USA Section Foundation, the donor's name will be displayed on a listing of Legacy Society members (unless otherwise requested) in various ICD publications. The donated funds will be used to support new and on-going humanitarian efforts.