



## Heritage Society

### Charitable Bequest Program Enrollment Form

Name(s): \_\_\_\_\_  
(As you would like it to appear in publications)

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Approximate amount of bequest: \_\_\_\_\_ (optional)

Conditions or restrictions: \_\_\_\_\_

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I have made plans to benefit the AKC Canine Health Foundation in my will/estate and give my permission to list my name as a member of the AKC Canine Health Foundation Heritage Society on their donor list.

\_\_\_\_\_  
Signature Date

Please return this completed form to:  
AKC Canine Health Foundation  
PO Box 900061  
Raleigh, NC 27675-9061

For more information, contact the AKC Canine Health Foundation at the address above; call our toll-free number at 1-888-82-9696 or via e-mail at [enk@akcchf.org](mailto:enk@akcchf.org).