



American Association for Cancer Research

FINDING CURES TOGETHER®

Legacy Intention Form

\_\_\_ Please count me in! I am pleased to be a part of the AACR's future impact. Enroll me/us in the Dr. Bayard D. Clarkson Legacy Society.

As evidence of my/our desire to provide a legacy of support to the AACR through the AACR Foundation, I/we hereby inform you that I/we have made a provision for a gift in my/our estate plans.

It is my/our intent to leave a legacy gift to the AACR through a: (please check all that apply)

- Will \_\_\_ Retirement Plan Assets \_\_\_
Living Trust \_\_\_ Charitable Remainder Trust \_\_\_
Life Insurance Policy \_\_\_ Other \_\_\_

I/We understand that my/our estate(s) are not legally bound by this statement and I/we may choose to add to, subtract from, or revoke this bequest at any time, at my/our sole discretion.

\*The AACR kindly requests notification any time you make changes or adjustments to your gift.

Please use this space to share more details about this gift if you wish:

Two horizontal lines for providing details about the gift.

\_\_\_ I/We agree to have our names published on lists of legacy donors as inspiration for others to leave legacy gifts to benefit the AACR. \*Note: The details of your gift will not be published and remains confidential.

Name(s) (please print): \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date(s) of birth: \_\_\_\_\_

Donor(s) Signature(s): \_\_\_\_\_ Today's Date: \_\_\_\_\_

How Name(s) to Appear on Legacy Donor Listing: \_\_\_\_\_

If you have questions or would like more information, please contact us at:

AACR
Individual and Planned Giving
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