



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 _____

In the amount of \$ _____ or _____ % of my estate, which is currently valued at \$ _____.
(Indication of amount or percentage is optional). This information is kept confidential and is used by AACR Foundation for long-term planning purposes only.

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:

____ 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 **Note: The details of your gift will not be published and remains confidential.*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

844.385.2064 or legacy@aacr.org

www.aacr.org/legacy

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