DECLARATION OF SUPPORT

(Notification of Client(s) Inclusion of the American Cancer Society in Estate Plan)

Providing only GENERAL information regarding the community support we have received helps us plan for the future. Please tell us about any recent gifts, and help save more lives. I am pleased to report that my client(s) (name(s) optional)_____has included the American Cancer Society in his/her/their estate plan in the following manner:

1. Type of Gift:

☐ As a beneficiary in a **will** or **living trust.** Circle one: Specific / Residual / Contingent

☐ As a beneficiary in a **Charitable Remainder Trust** or **Charitable Lead Trust.**
% Payout Rate: _____

☐ As a beneficiary of a **Retirement Plan.**

☐ **Permanent Life Insurance.** Circle one: Universal / Variable / Whole
- ☐ ACS is Owner and Beneficiary.
- ☐ ACS is Beneficiary Only.

☐ **Term Life Insurance.**

☐ **Other Gift Vehicle.** (POD account, etc.) _____

2. Estimated value to the American Cancer Society_____

3. Date of client's birth _____

4. Gender of Client: ☐ Male ☐ Female

5. Gift is to be used by the American Cancer Society:

☐ In such manner as its mission may determine
☐ Patient Services
☐ Research
☐ Education

6. In regards to listing my client(s) name as a "Champion" in "The Society" donor recognition program (there is no cost for membership):

☐ I would like my client(s) name(s) to appear as _____

In memory of _____In honor of _____

☐ Please do not list my client(s) name(s). The commitment should appear "Anonymous"

I trust this information will be held in the strictest confidence and utilized only for estimating the value of future gifts for use in the fight against cancer. **It is understood that this Declaration of Support is not legally binding and that the future gift to the American Cancer Society may be changed without notice.**

_____
Advisor Signature **Date**

_____
Address

_____
Print Name

_____
City, State, Zip Code **Phone Number**