THE OFFICIAL SPONSOR OF BIRTHDAYS.®

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.** (Is gift (circle one) specific, residual or contingent?)

☐ As a beneficiary in a **Charitable Remainder Trust** or **Charitable Lead Trust.**

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

☐ As a beneficiary in a **Life Insurance Policy** or **in a manner not named above**. Please Specify:_____

2. Estimated value to the American Cancer Society_____

3. Date of client's birth _____

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

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

5. 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**

REVISED 3/21/12