

CANCER SUPPORT COMMUNITY EAST TENNESSEE

STATEMENT OF INTENT

If you would like to make or have already made a provision for a future gift to Cancer Support Community, we would like to know so that we may recognize your generosity. In addition, we would like to discuss with you how to implement your legacy.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I would like to learn more about my options to include CSC a part of my legacy giving or estate plans.

GIFT INFORMATION

I/We have made the following provision(s) for a planned gift: (please check all that apply)

Bequest through a Will

Named Cancer Support Community East Tennessee as a full or partial beneficiary of a Retirement Account (IRA, 401k, 403(b), annuity, or other qualified plan)

Named Cancer Support Community East Tennessee as a full or partial beneficiary of a Life Insurance Policy

Other _____

It is my/our intention that this gift be used to support:

Greatest need of Cancer Support Community East Tennessee

Other _____

Please attach estate planning documents clearly stating your intentions. This statement is non-binding and may be amended.

DONOR RECOGNITION PREFERENCES

All donors of future gifts become a member of the Legacy Society. To ensure your recognition preferences are honored, please select one of the following options:

CSC has permission to publish my/our name(s) along with other Legacy members on the donor wall.

Please publish my/our name(s) as follows:

Please do not publish my/our name(s) on the donor wall or any publication.

THANK YOU
for supporting Cancer
Support Community!

Signature

Date

Signature

Date

The information on this form will remain confidential.

Please return this form to Beth Hamil at CSC | 2230 Sutherland Ave. Knoxville, TN 37919 | (865) 546-4661