



Glenn Davis Legacy Society Planned Gift Intention Form

If more than one person is designating this gift, please list all donors.

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Please print your name(s) below as you would want it/them to appear on the Cancer Support Community of Greater Ann Arbor's Glenn Davis Legacy Society membership listing: (if Anonymous, please note)

I/We have made provisions for a gift to Cancer Support Community of Greater Ann Arbor as a part of my/our estate plan. This gift has been made using the following instrument(s):

- | | |
|---|---|
| <input type="checkbox"/> Bequest/Will | <input type="checkbox"/> Stock |
| <input type="checkbox"/> Life Insurance Policy | Amount: _____ |
| <input type="checkbox"/> Retirement Plan | <input type="checkbox"/> IRA Distribution |
| <input type="checkbox"/> Charitable Remainder Trust | Yearly Amount: _____ |
| <input type="checkbox"/> Other: _____ | |

The estimated value of my/our gift (non-IRA distributions) is \$ _____
optional and confidential

Unrestricted gifts are most valuable to CSC because they allow the organization to allocate funds to wherever the need is greatest; however, if there is a particular area that you would like your legacy gift to support, please indicate below:

- | | |
|---|--|
| <input type="checkbox"/> Unrestricted | <input type="checkbox"/> Sprout Love Financial Assistance Fund |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Long -Term Opportunity Fund |
| <input type="checkbox"/> The Brides Project | |

CSC-GAA understands that this confirmation is not legally binding.

Signature(s): _____ Date: _____

Please return documents and direct questions to:

Bonnie Dockham, Executive Director
Cancer Support Community
2010 Hogback Road, Suite 3
Ann Arbor, MI 48105

Tax ID: 05-0597871
Phone: 734-975-2500
Fax: 734-975-2525
E-mail: bonnie@cancersupportannarbor.org