FCS FOUNDATION

LEGACY OF HOPE SOCIETY

Legacy of Hope Society Membership Form

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth (His): _____ Date of Birth (Hers): _____

Name(s) for Recognition Purposes: _____

YES! I/we confirm that I/we have made a planned gift to the Florida Cancer Specialists Foundation.

Please check one of the following. Please use my/our name as it is listed above.

☐ I/we give my/our permission to the Florida Cancer Specialists Foundation to publicly recognize my/our membership in the Legacy of Hope Society online and in printed materials.

☐ I/we prefer to remain anonymous. Please do not list my/our name(s).

My/our planned gift is in the form of a:

☐ Bequest
☐ Charitable remainder trust
☐ Charitable lead trust
☐ IRA/retirement plan
☐ Living trust distribution
☐ Charitable gift annuity
☐ Life insurance policy
☐ Real estate

Estimated value of gift (optional): _____

The gift is:

Unrestricted: _____ Restricted: _____

(To the purpose noted above)

_____

Signature *Date*

_____

Signature *Date*

Please return completed form to: Florida Cancer Specialists Foundation, Inc.
5985 Silver Falls Run, Suite 210, Bradenton, FL 34211
Phone (941) 677-7184 EIN # 20-4616813

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