



The **Legacy of Hope Society** recognizes and honors individuals who have made a planned gift to support the Florida Cancer Specialists Foundation. These legacy gifts demonstrate a commitment to our mission and accommodate your personal, financial, estate-planning, and philanthropic goals.

TYPES OF LEGACY GIFTS

1. **Bequests:** Gifts left through a will or trust, such as a specific amount, percentage of an estate, or particular asset.
2. **Charitable Trusts:** Trusts benefiting a charity, providing income or tax benefits during the donor's lifetime.
3. **Life Insurance Gifts:** Naming a charity as the beneficiary of a life insurance policy.
4. **Retirement Plan Gifts:** Naming a charity as the beneficiary of a retirement plan (e.g., 401(k) or IRA).
5. **Real Estate Gifts:** Gifting real estate to a charity, providing tax benefits and supporting the charity's mission.
6. **Endowment Gifts:** Permanent funds supporting a specific charitable purpose, providing a steady, long-term income source.

BENEFITS OF LEGACY GIFTS

- Tax benefits: Eligibility for tax deductions or credits
- Impact: Significant and lasting impact on a charity or cause
- Personal satisfaction: Confidence that values and philanthropic goals will be carried out
- Family involvement: Opportunities for family members to participate and share in the legacy

LEAVING A LEGACY

To include the Florida Cancer Specialists Foundation in your estate plans, simply add the following statement to your will or trust:

"I give to the Florida Cancer Specialists Foundation the sum of \$_____ or _____ percent for its unrestricted use and purpose."

If you're considering making a legacy gift, it's essential to consult with a financial advisor, attorney, or tax professional to ensure that your gift is structured in a way that meets your goals and maximizes the benefits.

RECOGNITION

Legacy of Hope members are honored for their commitment and recognized at the time of their planned gift designation as a Legacy of Hope member. Upon realization of the gift, your lifetime giving level will be updated, and you will be recognized on our Lifetime Giving page at the corresponding level.



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

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