

### Legacy Intention Form

\_\_\_ Please count me in! I am pleased to be a part of the AACR Foundation's future impact. Enroll me/us in the **Dr. Bayard D. Clarkson Legacy Society**.

As evidence of my/our desire to provide a legacy of support to the AACR through the AACR Foundation, I/we hereby inform you that I/we have made a provision for a gift in my/our estate plans.

**It is my/our intent to leave a legacy gift to the AACR through a:** (please check all that apply)

Will \_\_\_ Retirement Plan Assets \_\_\_  
Living Trust \_\_\_ Charitable Remainder Trust \_\_\_  
Life Insurance Policy \_\_\_ Other \_\_\_

I/We understand that my/our estate(s) are not legally bound by this statement and I/we may choose to add to, subtract from, or revoke this bequest at any time, at my/our sole discretion.

*\*The AACR Foundation kindly requests notification any time you make changes or adjustments to your gift.*

Please use this space to share more details about this gift if you wish:

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\_\_\_ I/We agree to have our names published on lists of legacy donors as inspiration for others to leave legacy gifts to benefit the AACR. *\*Note: The details of your gift will not be published and remains confidential.*

Name(s) (please print): \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date(s) of birth: \_\_\_\_\_

Donor(s) Signature(s): \_\_\_\_\_ Today's Date: \_\_\_\_\_

How Name(s) to Appear on Legacy Donor Listing: \_\_\_\_\_

*If you have questions or would like more information, please contact us at:*

AACR Foundation  
Individual and Planned Giving  
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