
Confirmation of Intent

AS AN EXPRESSION OF MY COMMITMENT TO CANCER SUPPORT COMMUNITY ARIZONA,
I HAVE MADE PROVISION TO SUPPORT YOUR ORGANIZATION THROUGH MY:

- | | |
|---|---|
| <input type="checkbox"/> REVOCABLE TRUST | <input type="checkbox"/> LIFE INSURANCE POLICY |
| <input type="checkbox"/> WILL | <input type="checkbox"/> CHARITABLE GIFT ANNUITY |
| <input type="checkbox"/> IRA BENEFICIARY | <input type="checkbox"/> CHARITABLE REMAINDER TRUST |
| <input type="checkbox"/> OTHER, please specify: | |

Estimated value of my charitable estate gift is \$_____

(Information about the value of your estate gift will remain confidential.)

- My charitable estate gift can be used where most needed.
- I wish my charitable estate gift to be used as indicated below:

This expression of my present plans is subject to revocation or modification by me and is not legally binding on my estate.

Date	Full Name
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Signature

- Please use my name as participating in the Cancer Support Community Planned Giving Program. I understand that use of my name may motivate someone else to remember CSCAZ in their estate plans.

GRATEFULLY ACKNOWLEDGED

CSCAZ Staff or Board Member	Date
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