

## **DECLARATION OF SUPPORT**

(Notification of Client(s) Inclusion of the American Cancer Society in Estate Plan)

Providing only GENERAL information regarding the community support we have received helps us plan for the future. Please tell us about any recent gifts, and help save more lives. I am pleased to report that my client(s) (name(s) optional)				
		3. Date of client's birth	3. Date of client's birth  4. Gender of Client:   Male  Female	
		4. Gender of Client: ☐ Male ☐ F		
		5. Gift is to be used by the American	Cancer Society:	
		☐ In such manner as its mission r☐ Patient Services	nay determine	
		6. In regards to listing my client(s) na (there is no cost for membership):	ame as a "Champion" in "The Society" donor recognition program	
		☐ I would like my client(s) name(s	to appear as	
In memory of	In honor of			
☐ Please do not list my client(s) name(s). The commitment should appear "Anonymous"				
	confidence and utilized only for estimating the value of future gifts for use this Declaration of Support is not legally binding and that the future anged without notice.			
Advisor Signature Date	Address			
Print Name	City, State, Zip Code Phone Number			