



Planned Gift Pledge Form

As evidence of my desire to provide a legacy of support to Lung Cancer Initiative, I hereby inform you that I have made a provision for a gift in my estate plans.

It is my intent to leave a legacy gift to Lung Cancer Initiative through a:

- | | |
|---|---|
| <input type="checkbox"/> Will | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Living Trust | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Retirement Plan | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Donor Advised Fund | _____ |

I wish to inform Lung Cancer Initiative for long-term purposes only that, as of this date, the value of this gift is approximately \$_____. (If gift is a percentage of your estate, please indicate the approximate value of that percentage.)

I understand that, by stating an amount, my estate is not legally bound by this statement and I may choose to add, subtract, or revoke this bequest at any time, at my sole discretion.

Lung Cancer Initiative kindly requests notification any time you make changes or adjustments to your gift.

Please list your name (or names if you would like to be listed as a couple) as you would like the name(s) to appear in print on **Legacy Society** lists:

I/We agree to have my/our name(s) published on **Legacy Society** donor lists as motivation for others to leave legacy gifts to benefit Lung Cancer Initiative. (Note: Amount of your gift will not be published and remains confidential).

I/We wish to remain anonymous.

Contact information:

Name: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of birth _____

Signature _____ Date: _____

Please email or mail this completed form to: skjellqvist@lungcancerinitiativenc.org or
Lung Cancer Initiative, 5171 Glenwood Avenue, Suite 401, Raleigh, NC 27612.
For more information, call Susan Kjellqvist at 919-784-0410.