



LUNG CANCER INITIATIVE
A NETWORK OF HOPE AND ACTION

LCI Legacy Society Commitment Form

Thank you for being a dedicated supporter of Lung Cancer Initiative and for your heartfelt commitment to advancing lung cancer research, education, and patient support. Your generosity helps improve the lives of thousands of individuals diagnosed with lung cancer each year.

We are pleased to offer you the opportunity to make a lasting difference by joining our Legacy Society. By including Lung Cancer Initiative in your estate plans, you'll join a special group of supporters who have made a planned gift to help ensure our mission continues well into the future. Your legacy will help sustain vital programs and ensure that progress in lung cancer research, education, and support continues for years to come.

If you would like to become a Legacy Society member, please complete the form below. This allows us to honor your generous commitment. As a member, you will be recognized in our Annual Impact Report and receive exclusive updates and insights into the progress of our mission.

Printed Name: _____ Email: _____

Address: _____ Phone: _____

Date of Birth (optional): _____

May we list you as an LCI Legacy Society member in our publications?

☐ Yes, I/we would like to be listed, with the hope that it may inspire others to give. Please list as:

☐ I/We wish to remain anonymous.

Type of Planned Gift (Optional)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Will | <input type="checkbox"/> Endowment | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Retirement Plan/IRA | <input type="checkbox"/> Living Trust | <input type="checkbox"/> Other |

Your information will be kept strictly confidential and used for internal purposes only.

I/We anticipate our future gift will be valued at approximately (optional): _____

**This form is non-binding and does not constitute a legal promise of any future donation. We understand your estate plans may change.*

Other—please add any other details you wish to share: _____

Purpose of the Planned Gift

- ☐ The gift will be unrestricted to provide maximum flexibility to Lung Cancer Initiative.
- ☐ I have a specific purpose in mind that I would like to discuss with you.

Signature: _____

Date: _____

Please return to:

Susan Kjellqvist, Lung Cancer Initiative, 5171 Glenwood Avenue, Suite 401, Raleigh, NC 27612
Contact Susan directly at (919) 784-0410 or susank@lungcancerinitiative.org.