The Legacy Society for a Cure

Planned Gift Intention Form



Personal Information Name (First and Last):	Date of Birth:
Planned Gift Details As evidence of my/our desire to provide lega made a provision for a gift in our estate plans	acy support to the National Brain Tumor Society, I/we have s.
<u>o</u> .	e National Brain Tumor Society through: vocable Trust
	estate, trust, or retirement plan:% upporting documentation for this legacy gift
Purpose Please designate our gift to the following: ☐ Unrestricted to support the overall m☐ This gift is to support research☐ I'd like to request a meeting with a g	nission of NBTS ift officer to discuss options to designate my planned gift
I/we understand that this form is not legal ownil notify the National Brain Tumor Society.	r binding. If our planned gift intentions should change, we
☐ I/we agree to have our names published a name(s) as follows: ☐ I/we wish to remain anonymous.	as part of The Legacy Society for a Cure; please list our
plans	why it is meaningful to you to include NBTS in your estate
Donor Print Name: Donor Signature: Date:	
Please return this form and any supporting d	ocumentation you would like to share to Lauren Gainor

Please return this form and any supporting documentation you would like to share to Lauren Gainor, Assistant Vice President of Philanthropic Giving at National Brain Tumor Society, 55 Chapel Street, Suite 006, Newton, MA 02458, or lgainor@braintumor.org.

All information provided will be kept confidential. Please discuss your planned giving intentions with your professional financial and legal advisors. NBTS is a tax-exempt nonprofit organization recognized by section 501(c)3 of the Internal Revenue Code. Contributions are tax-deductible to the extent permitted by law.