## **D** LUNG CANCER ALLIANCE

## The Legacy Club

Thank you for including Lung Cancer Alliance in your will or estate plans. Your designation allows us to continue saving lives, advancing research and empowering those impacted by lung cancer.

To designate Lung Cancer Alliance in your estate plans we recommend the following language. However, please consult with your tax or legal advisor.

"I give (bequest) to Lung Cancer Alliance, located at 1700 K Street NW Suite 660 Washington DC 20006 (FEIN 91-1821040), the rest of (or portion of) my estate to advance its mission."

	REQUIRED INFORMATION		
Full Legal Name Street Address			
City Telephone	State	Zip	
Email			

## OPTIONAL INFORMATION

Type of Bequest: If willing to disclose, please check all that apply and estimate the value of the gift in today's dollars. If you have named Lung Cancer Alliance as a percentage beneficiary, please indicate the dollar value of Lung Cancer Alliance's percentage.

	\$ \$ \$	Will Donor Advised Fund Retirement Plan	\$ \$ \$	Insurance Policy Real Estate Other Assets
Additio	onal Informat	ion:	 	
ls your	bequest con	tingent?		
	No		Yes	
If yes, p	please explai	n:	 	
SIGN	ATURE _		 	DATE
Please	return the co	ompleted form to:		
Attn: T 1700 K	Cancer Allian he Legacy C Street NW, ngton, DC 20	lub Suite 660		
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For questions and inquiries please contact us by phone at 202-463-2080 or email donate@lungcanceralliance.org.

1-800-298-2436 | <u>www.lungcanceralliance.org</u> Saving lives. Advancing research. Empowering people.