



Gifts through Estates and Financial Plans

By supporting the Colorectal Cancer Alliance with gifts through estate and financial plans, donors can make a transformational difference for years to come.

Gifts through wills and bequests can combine philanthropic intentions with estate planning goals to create positive change in the lives of those affected by colorectal cancer. These contributions may be designated toward the Alliance's general use to address our greatest needs, or directed to the Screen, Care, or Cure pillars. Donors who make bequests are invaluable partners to us in our quest to end colorectal cancer in our lifetime.

It is not necessary for donors to share copies of their estate and financial plans with the Colorectal Cancer Alliance, but the Alliance would welcome the information so as to better thank and steward these gifts. If open to sharing, the Alliance requests that planned giving donors make their intentions known to the organization by signing the revocable Planned Giving Letter of Intent document (located on the other side of this form). **This signed intention form may be mailed to the Office of Development, Colorectal Cancer Alliance, 1025 Vermont Avenue NW, Suite 1066, Washington, D.C. 20005..**



For more information or to discuss planned giving at the Alliance, please contact **Malki Karkowsky**, at **(202) 207-0244** or plannedgiving@ccalliance.org.



Planned Gift Letter of Intent

Name of Donor: _____

Address: _____

Telephone: _____

Email: _____

Date of Birth: _____

I have included the Colorectal Cancer Alliance in my estate plan through one or more of the following:

Type of Gift	Current Estimated Value	Percent for the Alliance
Bequest through Will or Living Trust	\$ _____	_____ %
Retirement Account Beneficiary Designation	\$ _____	_____ %
Life Insurance Beneficiary Designation	\$ _____	_____ %
Trust Beneficiary Designation	\$ _____	_____ %
Other (Describe) _____	\$ _____	_____ %

Purpose (Please indicate the manner in which you wish your gift to be used).

_____ Unrestricted, for the greatest needs of the Alliance, OR

_____ SCREEN

_____ CARE

_____ CURE

_____ For the specific purpose of:

Donor Signature: _____ Date: _____

Please return this form to:
Office of Development, Colorectal Cancer Alliance
Colorectal Cancer Alliance
1025 Vermont Ave. NW, Suite 1066
Washington, D.C. 20005
Tel. **(202) 207-0244** | Email: **plannedgiving@ccalliance.org**

This is not a legally binding contract, but merely an expression of the donor's current intent. Donors are encouraged to seek legal and financial planning advice prior to making charitable gifts. The Colorectal Cancer Alliance does not provide legal, financial, or tax advice.

