



## 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:

Jennifer Fuges, Assistant Director of Development

Telephone: (202) 971-9964 | Email: [jfuges@ccalliance.org](mailto:jfuges@ccalliance.org)

Colorectal Cancer Alliance

1025 Vermont Ave. NW, Suite 1066

Washington, D.C. 20005

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.