

# PLANNED GIFT CONFIRMATION & CONFIDENTIALITY FORM

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## RECOGNITION SOCIETY

I am/We are willing to have our names listed as a member of the **Kids Cancer Care Legacy Society**. My/Our names should appear in the **Kids Cancer Care Legacy Society** records as follows:

Name(s) \_\_\_\_\_

No, I/we prefer to remain Anonymous.

It would be helpful for our long-range planning to know details of your planned gift. In addition, this knowledge would ensure we are able to carry out your planned wishes. If you feel comfortable in doing so, please send a copy of the portion of your will that pertains to your gift for Kids Cancer Care Foundation of Alberta, or briefly explain your charitable bequest on the back of this page. Your information will be treated with the utmost care and respect for confidentiality. We also understand that your plans are always subject to change.

**For further information, please call Genine Neufeld, Director of Philanthropy at 403-930-6951 or contact her via email at [gneufeld@kidscancercare.ab.ca](mailto:gneufeld@kidscancercare.ab.ca)**

