LETTER OF INTENT FOR PLANNED GIVING



I/We hereby inform you that a legacy gift to Children's Cancer Research Fund is included in my/our estate plans. I/We understand that this commitment is non-binding and that I/we retain the right to change or revoke this gift at any time.

NAME			<u>Dob</u>	/	
ADDRESS		CITY	ST	АТЕ	ZIP
PHONE	FAX		EMAIL		
☐ Please do not publish 1	my/our name(s). We pr	efer to keep this	commitment pr	ivate.	
I/WE HAVE PROVIDE ☐ Charitable Remainder		OUGH MY/OU ☐ Life Insurance	R: □ Will		Retirement Plan
USE OF FUNDS: □]	Restricted 🗆 Unrest	ricted			
I/We wish to inform Cl					_
date, the value of my/ou an amount, my/our esta					d that, by stating or revoke this
gift at any time. Note: If of that percentage. This in change depending on circu	formation will remain o				
DONOR SIGNATURE				— – D	DATE
DONOR SIGNATURE					ATE
CHILDREN'S CANCE	R RESEARCH FUND	REPRESENTA	ATIVE	D	PATE

RETURN BY MAIL OR EMAIL:

Children's Cancer Research Fund Attn: Kenna Dooley 7301 Ohms Lane, Suite 355 Minneapolis, MN 55439

kdooley@childrenscancer.org

Children's Cancer Research Fund supports the brightest scientists whose ideas make the greatest impact for children with cancer. We work closely with researchers to fund innovative new projects quickly and ensure that their promising discoveries continue uninterrupted.