



TREE OF HOPE SOCIETY: MEMBERSHIP FORM

In recognition of my strong belief in the work of the Cholangiocarcinoma Foundation, I confirm that I have made arrangements to support the Cholangiocarcinoma Foundation through a planned gift. By doing so, I am pleased to enroll in the Tree of Hope Society and confirm my intentions below. *I understand that all information listed on this application will be kept in strict confidence.*

Name:

Address: Email:

City: State/Province: Date of Birth:

ZIP: Country: Phone:

I have made the following type of planned gift to the Cholangiocarcinoma Foundation:

1. Gift through Will OR Living Trust

- Bequest of percentage of estate %.....
- Bequest of specific amount \$.....
- Bequest of residue of estate
- Bequest of specific property (list property)

2. Gifts that Provide Life Income

- Charitable Gift Annuity
- Charitable Unitrust
- Charitable Annuity Trust
- Charitable Lead Trust

3. Beneficiary Designations (Life Insurance, Retirement Plan, etc.)

- Life Insurance
- Retirement Plan
- Bank Account (*checking, savings*) Policy/Account #: Company:

4. Purpose of Planned Gift

- Unrestricted to provide maximum flexibility for the Cholangiocarcinoma Foundation to pursue its mission.
- Restricted for the following purpose (*please consult with the Cholangiocarcinoma Foundation for verification*)

5. Estimated Value of Planned Gift:

Notice to Donor: This information will be kept in the strictest confidence. We will use this information for planning purposes only in order to measure the level of our budgetary commitments to scientific research, awareness, and education, and to manage the programs necessary for these commitments.

Please include my name in the published list of Tree of Hope Society members. List my/our name in the following manner:

I prefer that you do not include my name in the published list of Tree of Hope Society members. Please list me as "Anonymous."

Questions?

Contact Kathi Wagner at 630-296-0418 or kathi.wagner@cholangiocarcinoma.org

Please mail completed form to:

The Cholangiocarcinoma Foundation
5526 West 13400 South #510
Salt Lake City, UT 84096

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Signature Date

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Signature Date

Disclaimer: The Cholangiocarcinoma Foundation does not provide legal, tax, investment or other professional advice, including but not limited to planned giving consultation, and we may not be relied upon for such advice. For assistance in specific cases, obtain the services of a competent attorney or other professional advisor

