



## Thank you for your future gift commitment to the Northern Cancer Foundation.

Donors who confirm a future gift through their will are entitled to the following benefits:

- Recognition on a Northern Cancer Foundation Donor Wall, with naming of your choice
- Invitations to semi-private events and special media announcements
- Receive our annual report and other communiqués.
- Tax savings for your estate

You also have the *option to remain anonymous* in terms of public recognition while still receiving invitations to events and our annual report. The choice is yours. Below is a confidential form which you can complete to indicate your preferences.

I/We accept the Foundation's invitation to remain in touch. The **name(s) on any listings** should read as follows:

\_\_\_\_\_

*OR*

The planned gift(s) are **in honour of**: \_\_\_\_\_

I accept the Foundation's invitation to remain in touch but wish to remain anonymous in terms of public recognition.

### Please provide the following information:

MR  MRS  MS  MISS  DR

MR  MRS  MS  MISS  DR

Name

Name of spouse (if applicable)

Address

City

Province

Country

Postal Code

Phone #

E-mail

What is your birthday?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day                      Month                      Year

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day                      Month                      Year

**I/We confirm the following planned gift to the Northern Cancer Foundation:**

- Bequest in my/our will(s) in the amount of \$\_\_\_\_\_ or \_\_\_\_\_% of the residue.
- Beneficiary of a life insurance policy with a value of \$\_\_\_\_\_
- Beneficiary of \_\_\_\_\_% of my RRIF/RRSP proceeds

Please tell us about your connection to the Northeast Cancer Centre and the NCF. (optional)

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Signature: \_\_\_\_\_ Signature of spouse: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_