

YOUR LEGACY SAVES LIVES

Notification of Bequest Intention to the Breast Cancer Research Foundation

NAME: _____ DATE OF BIRTH: ____/____/____

STREET ADDRESS: _____ APARTMENT/UNIT #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

DOCUMENT: Will or trust Charitable trust Beneficiary designation Other: _____

PLEASE PROVIDE THE AMOUNT OF THE GIFT OR BEQUEST TO BCRF: _____

(If a percentage, please provide the current estimated value.)

SUPPORTING DOCUMENTATION PROVIDED: Yes No

DONOR SIGNATURE: _____ DATE: _____

BCRF is pleased to recognize all donors who inform us of their intent to make a planned gift as members of the **Evelyn H. Lauder Legacy Society**, named for our founder. Those who commit to make a planned gift over \$250,000 will be honored as part of the **Catalyst Circle**, and those who do so by December 31, 2021 will be recognized as founding members of the Circle.

PLEASE CHECK ONE:

BCRF may include my name in **Evelyn H. Lauder Legacy Society** member listings.

My listing should appear as: _____

I prefer to remain anonymous.

Please return this form to:

THE BREAST CANCER RESEARCH FOUNDATION
ATTN: LEGACY GIFTS
25 WEST 43RD STREET, SUITE 609
NEW YORK, NY 10036
646-497-2680 LEGACY@BCRF.ORG

BCRF recognizes that this gift is subject to change. This form is not a legally binding pledge. Should your plans change, kindly notify us. All information provided will remain confidential. The Foundation's tax ID is #13-3727250.

INTERNAL DATE: