

## **Barbara Ann Karmanos Cancer Institute Bequest Intention**

Bequests and other testamentary gifts by generous friends have been a significant source of financial support for the Institute. These gifts provide funding for state-of-the-art medical equipment, patient comfort initiatives, innovative research for the development of more effective treatments and facility enhancements. A gift to Karmanos through your will or estate plan qualifies you to become a member of the Dr. Vee Legacy of Hope Society, created to recognize and thank donors whose foresight is helping us move closer to a future that will be cancer-free.

Name(s)				
Address				
City		State	Zip _	
Phone	Email _			
Signature		Date		
□ I/we have included the Barba	ra Ann Karmand	os Cancer Institute	in my/our es	tate plan through:
□ a will □ an insurance policy		ent plan assets		•
☐ My/our gift is in honor/in men	nory of			
Dr. Vee Legacy of Hope So  □ I/we choose NOT to be listed □ I have a question. Please co				
Optional: My/our gift is designated	I for			
The estimated value of a does not constitute a leg			I/we ur	nderstand this estimate
☐ For your records, I/w that pertains to my/o		d a copy of the rele	vant portion	of my/our estate plan
Please submit this form to: Barbara Ann Karmanos Cancer Institute Attn: Liz Johnson 4100 John R, Mailcode: NC06DS Detroit, MI 48201		giving@karma	576.8120 li@karmanos.org or	

Legacy of Hope
PLANNED GIVING SOCIETY