



Facing Hereditary Cancer EMPOWERED

FORCE: Facing Our Risk
16057 Tampa Palms Blvd. W. #373
Tampa, Florida 33647
(866) 288-7475 ext. 715

Disclosure Form for FORCE Legacy Circle, the FORCE planned giving society

Name of donor _____

Name for listing on FORCE Legacy Circle donor walls and materials (include spouse if applicable)

Address _____

City _____ State _____ Zip _____

Phone _____

Email address _____

I have made provisions for FORCE in my estate plans as follows:

- Bequest in Will
 - Of a specific amount of \$ _____
 - Percentage of estate in the following percentage _____
 - Contingent Remainder Bequest
- Beneficiary of a retirement plan with appropriate documentation attached
- Beneficiary of a Life Insurance Policy with appropriate documentation attached
- Component part of Fund: A Foundation will hold the principal and provide income to FORCE
- Copy of the pertinent section of my will or other type of planned gift is attached.

I intend for the gift to be (please select one):

_____ unrestricted and proceeds will be used for FORCE's area(s) of greatest need
_____ restricted and used for the following program/purpose* _____

Please select one choice below:

- I would like to become a member of the FORCE Legacy Circle. I give my permission to publish my/my spouse's name(s) in any written material as listed above.
- I would like to be a member of the FORCE Legacy Circle, but would like to remain anonymous.

Signature of Donor _____ Date _____

Date of Birth _____

**If program/purpose no longer exists, I will allow FORCE to utilize funds for a similar program/purpose.*