



LEGACY SOCIETY

Celebrating 15 Years

This Letter of Intent is an expression of my/our present plans, and I/We reserve the right to revoke or amend this letter, and it is not binding upon my/our estate.

I/We have made a provision for a planned gift through our estate plan to make a lasting impact in Melanoma Know More's mission to reduce the impact of melanoma through awareness, education, support of medical research, and assistance to persons affected by melanoma.

Donor

Donor Name: _____ Spouse Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

I/We do _____ or do not _____ give Melanoma Know More permission to list my/our name as an intentional donor and as a member of the MKM Legacy Society so as to encourage other donors. I understand that the amount of my/our intended gift will not be disclosed publicly.

Name(s) for recognition and publication _____

Signature _____ Date _____

Type of Gift

I/We qualify for the MKM Legacy Society through the following planned gift:

- | | | |
|---|---|---|
| <input type="checkbox"/> Will or Trust Agreement | <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Charitable Lead or Remainder Trust |
| <input type="checkbox"/> IRA or Other Retirement Plan Asset | <input type="checkbox"/> Bank or Brokerage Account having a "Transfer on Death" or "Pay on Death" Designation | <input type="checkbox"/> Other: _____ |

For More Information:

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