

# Elizabeth Anderson Legacy Society

## Confidential Membership Form



**Fox Chase  
Cancer Center**  
Temple Health

**NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Please print)

**NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Please print)

**I/We have included Fox Chase Cancer Center in my/our estate plans as follows:**

- A specific bequest of \$ \_\_\_\_\_.
- To be paid through a Donor Advised Fund \_\_\_\_\_.
- A percentage bequest of \_\_\_\_%. Estimated value of \$ \_\_\_\_\_ in 20\_\_\_\_.
- A life insurance policy.  
Death benefit \$ \_\_\_\_\_. Current cash surrender value \$ \_\_\_\_\_.  
Fox Chase is Primary beneficiary Secondary beneficiary. (Please check one)
- A qualified Retirement Plan (IRA, 401k, 403b)  
Fox Chase interest \_\_\_\_%. Current market value of plan \$ \_\_\_\_\_.  
Fox Chase is Primary beneficiary Secondary beneficiary. (Please check one)
- Charitable Remainder Unitrust or Annuity Trust.  
Fox Chase interest \_\_\_\_%. Current market value \$ \_\_\_\_\_.
- Testamentary Charitable Lead Trust.  
Fox Chase interest \_\_\_\_%. Estimated payout \$ \_\_\_\_\_.

**I/We have not made a provision for Fox Chase Cancer Center, but hope to at a future time.**

### Purpose

The purpose of my/our provision is as follows:

- General Purposes
- Restricted for the following purposes:

\_\_\_\_\_  
\_\_\_\_\_

**Please return your completed form  
to your gift officer or mail it to:**

**Fox Chase Cancer Center**  
Office of External Relations  
333 Cottman Avenue  
Philadelphia, PA 19111

### Recognition

- Fox Chase deeply appreciates all estate commitments and wishes to honor all who remembered us in this special way. Your provision qualifies you for membership in the Elizabeth Anderson Society at Fox Chase, and your name will be recognized along with others who have made estate provisions.
- I/We prefer to remain an anonymous member of the Elizabeth Anderson Society. Please do not list my name in any Fox Chase Publication.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_