

200 - 4545 Parliament Avenue Regina, SK S4W 0G3

EMAIL: info@cancerfoundationsask.ca

PHONE: 1.844.735.5590 www.cancerfoundationsask.ca

LEGACY SOCIETY MEMBERSHIP FORM

Thank you for your future gift commitment to our Foundation. Please join our Legacy Society. Supporters who confirm a bequest in their Will to us are welcome to join and hear more about supporting cancer patients' care in the province.

EXCLUSIVE BENEFITS OF THE SOCIETY

- Special communications from our Foundation. (Ex. Newsletter, Donor Impact Reports)
- Name Recognition at the Allan Blair Cancer Centre and the Saskatoon Cancer Centre to be installed in 2023.
- Invitation to Donor Recognition Events and Facility Tours.

RECOGNITION FOR YOU

You have the option to remain anonymous for public recognition while still receiving other benefits like invitations to events, tours, or special communications. The choice is yours. Below is your confidential form, please complete to indicate your preferences.

☐ I/We accept the Foundation's invitation to be a member of the "Legacy Society". The

name(s	s) on any listings should read as follows:	
☐ This legacy gift is in memory of or in honour of the following name(s):		
 □ I/We a	ccept membership, but wish to remain anonymous for public recognition.	
CONTACT INF	ORMATION	
First Name		
Last Name		
Spouse Name		
Address		
City, Province		
Postal Code		
Phone(s)		
Email(s)		



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WHEN IS YOUR BIRTHDAY? D/M/Y	WHEN IS YOUR SPOUSE'S? D/M/Y
I/WE CONFIRM THE TYPE OF BEQUEST IN W	/ILL
 Bequest in my will or our wills for \$ or a% of the residu 	ue of my estate.
Beneficiary of a life insurance policy with	ith a value of \$
• Beneficiary of my RRIF or RRSP proceed or a %o	ds in the amount of \$ of my RRIF or RRSP.
• Prefer not to say	
• Other	
Please take a moment to tell us your st Foundation of Saskatchewan or the Saskatche Cancer Centre, Saskatoon Cancer Centre, or th	
Signature:	Date:
Signature:	Date: