



## Estate Gift Notification Form

To formalize your bequest or other estate gift to benefit WeSPARK Cancer Support Center, we simply need written documentation of your intention. It is useful, but not mandatory, for WeSPARK to receive a copy of the relevant section(s) of your will. Please feel free to include only the information that recognize your legacy gift only with your approval.

### DONOR INFORMATION

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Email: \_\_\_\_\_

### TRUSTEE OR EXECUTOR INFORMATION

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Email: \_\_\_\_\_

### WeSPARK CANCER SUPPORT CENTER'S LEGACY CIRCLE

WeSPARK Cancer Support Center is pleased to recognize you as a member of the Legacy Circle in our Annual Donor Listing in our Newsletter and other publications. Please indicate your recognition preference by checking one of the following:

Please list my/our name(s) as: \_\_\_\_\_

I/we wish to be anonymous.

I/we would like to be profiled in a future WeSPARK Cancer Support Center publication. Please contact me/us.

**BEQUEST INFORMATION**

WeSPARK Cancer Support Center is named as a beneficiary of (check all boxes that apply):  
(If willing to share the information, please include the current estimated value of the asset.)

\_\_\_ Sections of my will or trust \_\_\_\_\_

\_\_\_ Retirement Account/Plan\* \_\_\_\_\_

\_\_\_ Life Insurance Policy \_\_\_\_\_

\_\_\_ Investment or Financial Account\* \_\_\_\_\_

\_\_\_ Other asset\*

**\*NOTE:** Please note that many firms do not contact beneficiaries when the account holder is deceased. Therefore, if you designate WeSPARK Cancer Support Center as a beneficiary of any account not covered by your Will you must notify WeSPARK so we are aware of the designation and able to claim the assets when the time comes.

**DESIGNATION**

\_\_\_ I request that funds be used to support critical WeSPARK needs.

\_\_\_ Additional information or directions regarding my bequest that WeSPARK Cancer Support Center should be aware of:

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

**Signature\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*This form is non-binding.*

Thank you again for your continued support of WeSPARK Cancer Support Center and the over 1,000 individuals and their loved ones who are in need of alleviating the physical and emotional side effects of a cancer diagnosis and treatment.

**Please return this form to:**

Marlene McGuirt  
Director of Development and Strategic Partnerships  
**WeSPARK Cancer Support Center**  
14724 Ventura Boulevard, Suite 101  
Sherman Oaks, CA 91403

**Phone:** 818-906-3022

**Email:** [marlene@weSPARK.org](mailto:marlene@weSPARK.org)

**Website:** [www.wespark.org](http://www.wespark.org)