

LETTER OF INTENT FOR LEGACY GIFT



Return to:

ATTN: Development Department
Camino Health Center
30300 Camino Capistrano
San Juan Capistrano, CA 92675

*Camino Health Center is a 501(c)(3) not-for-profit health center
Tax I.D. #: 33-0574214*

I/we desire to make a legacy gift through a provision in my/our estate plans to sustain the services that Camino Health Center provides our community now and into the future. With this letter, I/we are informing Camino Health Center of our plans. I/we understand that this future commitment can be revoked or modified by me/us at any time.

Name: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

It is my/our intent to leave a legacy gift to Camino Health Center through my/our:

Will **Retirement Plan or IRA** **Other*** **Living Trust** **Life Insurance Policy**

*We will contact you to further discuss the details of your gift.

I/we wish to inform Camino Health Center, for long-term planning purposes only, that the current value of my/ our future gift is \$ _____ / _____ % (This amount is kept confidential; if your gift is a percentage of your estate, please indicate the approximate value). I/we understand that by stating an amount my/our estate is not legally bound by this statement and I/we may choose to add, subtract or revoke this bequest at any time.

Gift Recognition (choose one)

Camino Health Center may publish my/our names in the **Legacy Society** members list.

I/we do not want my/our names published.

Donor Signature: _____ Date: _____

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