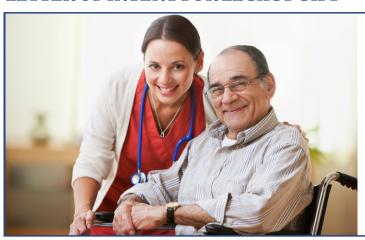


LETTER OF INTENT FOR LEGACY GIFT



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-forprofit health center Tax I.D. #: 33-0574214

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: 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: ____

Donor Signature: _____ Date:_____

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