



THE CHILDREN'S DENTAL FOUNDATION
CHILDREN'S DENTAL HEALTH CLINIC
IRS TAX EXEMPT ID# 95-2111124
LETTER OF INTENT

YES, I WANT TO BECOME A MEMBER OF THE CDHC LEGACY SOCIETY

1. Yes, I Do Want My Name to Live on Forever and Help Children in Need
 I have made provision

2. This is How I Choose to Leave my Legacy
 A gift of cash in my will/trust to the Children's Dental Foundation
 A gift of cash through my Life Insurance Policy
 Establishment of an Endowment Fund at the Children's Dental Foundation
 Establishment of a Named Fund at the Children's Dental Foundation
 Provide a gift of securities, real estate or other property

3. Additional Information about my gift: _____

Name (printed): _____

Signature: _____ Date: _____

Address: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Contact Person to Facilitate Gift after my passing: _____

(Please Print Full Name)

Relationship: _____

Address: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Yes, you have my permission to contact my attorney after my passing.

Name: _____ Phone: _____

(Please Print Attorney's Full Name)

Address: _____ Zip: _____

Email: _____

Acceptance of Gift by: _____ Date: _____

Special Notes about donor intentions or gift: _____

If you have any questions or would like to discuss your gift, please contact the Director of Development & Communications, Karen Byrnes, at 562-933-0602 or kbyrnes@cdhc.org.

To become a member of the CDHC Legacy Society, please complete this "Letter of Intent" and mail it to: Children's Dental Health Clinic • Development Department • 455 E. Columbia Street, Ste. 32 • Long Beach, CA 90806

Form Revised 5/11/2022