



**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, Belinda Wells, at 562-933-0602 or [bwells@cdhc.org](mailto:bwells@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