



Planned Giving Pledge Form

Name: _____

Spouse/Significant Other: _____

Please keep my gift Anonymous

Billing Address, City, State, Zip: _____

Phone: _____

E-Mail: _____

(sign)

(date)

(sign)

(date)

I/We have included Dientes Community Dental Care as a beneficiary of a:

	Estimated Value
<input type="checkbox"/> Life Insurance plan	\$ _____
<input type="checkbox"/> IRA or other retirement account	\$ _____
<input type="checkbox"/> Will or Living Trust	\$ _____
<input type="checkbox"/> Other (please specify _____)	\$ _____

My/Our intention is that Dientes use this future gift for:

Please help us ensure your intent is fulfilled by attaching copies of the appropriate legal document describing your planned gift.

Thank you for your generous gift to Dientes Community Dental Care.

Questions: Please call Development Director Sheree Storm: 831-454-5410

Dientes Community Dental Care is a 501(c)(3) non-profit organization. Our Tax ID number is 77-0311752.

www.dientes.org/donate