



**dientes**  
COMMUNITY DENTAL

## 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 Chief Development Officer 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](http://www.dientes.org/donate)**