



## Legacy Gift Letter of Intent

As evidence of my/our desire to provide a legacy of support to Dientes Community Dental Care (Dientes), I/we hereby inform Dientes that I/we have made a provision for a gift in my/our estate plans. I/We understand that this commitment is revocable and can be modified by me/us at any time.

\_\_\_\_\_  
Name(s) as you would like to be recognized

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Email address

It is my/our intent to include Dientes Community Dental Care in my/our estate plans through:

- Will
- Living or Charitable Remainder Trusts
- Designated beneficiary of Life Insurance Policy
- Designated beneficiary of Retirement Account
- Other \_\_\_\_\_

We have used the following information to identify Dientes as a beneficiary:

**Dientes Community Dental Care, 1830 Commercial Way, Santa Cruz, CA 95065, Tax ID: 77-0311752**

**Gift Use:** It is my/our desire that this gift be used to benefit the following:

- Where the need is the greatest
- General Operating Funds
- Endowment
- Other \_\_\_\_\_

*Should this space be left blank, the board of directors will direct your gift to the area of greatest need.*

**Optional:** I/we wish to inform Dientes, for long-term planning purposes only, that as of this date \_\_\_\_\_, the value of my/our gift is: \$\_\_\_\_\_. (If your gift is a percentage of your estate, please indicate the approximate present value of that percentage.) I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion.

**Acknowledgement:**

- Feel free to publish my/our name(s) among your list of legacy donors. The amount of your gift will not be published.
- Please make my gift anonymous until after my death.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor's signature