



Declaration of Intent

DECLARATION OF INTENT TO PROVIDE AN ESTATE GIFT TO PACIFIC CLINICS

Pacific Clinics is grateful for your generous support enabling us to provide hope and healing to children, youth, adults and families.

Please complete this Declaration of Intent and return it to:

Pacific Clinics
Fund Development Office
800 S Santa Anita
Arcadia, CA 91006

Phone: 626-254-5000

This information is strictly confidential

I wish to create hope for children, adults, youth, and families by helping Pacific Clinics break the cycle of child abuse and neglect.

Therefore, I am pleased to accept membership in The Legacy Society on the following basis:

I have made a provision in my estate plan that benefits Pacific Clinics. The gift is:

(Type of estate gift, e.g., bequest, trust, etc.)

We would appreciate your submitting a copy of that portion of your will or other document pertaining to Pacific Clinics. *(optional)*

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Business Telephone _____

Cellular Phone _____

E-Mail Address _____

Signature _____

Date _____

How would you prefer to be listed for recognition purposes?
