



Legacy Society Membership

It is my desire to provide a legacy of support for PIH Health. I am pleased to inform you that I intend to provide a gift after my lifetime to benefit PIH Health. I have named PIH Health in as a beneficiary of an estate gift of approximately \$_____.

My gift to PIH Health Foundation will take the form of the following:

- Beneficiary of a will
- Trust
- Life insurance policy
- IRA or other retirement plan
- Other _____

Recognition

All planned giving donors qualify for inclusion and recognition as members of the PIH Health Legacy Society. Inclusion allows your planned gift intention to serve as encouragement to others and provides PIH Health Foundation the opportunity to express our sincere gratitude for your intended gift.

Please check one:

- Yes, please include me as a member of the PIH Health Legacy Society. My name should be listed as follows:

Example: Mr. and Mrs. John Doe, Jane and John Doe, The Doe Family

- Yes, please include me as a member of the PIH Health Legacy Society, but do not publicly recognize me.

Signature: _____

Name (print): _____ Date: _____

Thank you for sharing this information to ensure that when the time comes, PIH Health Foundation understands and can abide by your intentions. Your plans will remain confidential. Thank you for your generous support!

Please return this form by email to Nicole.Jackson@PIHHealth.org or by mail to:

Attn: Nicole Jackson
PIH Health Foundation
12401 Washington Blvd., Whittier, CA 90602
Phone: 562.698.0811, Ext. 81598

As with any decision involving your assets, we urge you to seek the advice of your professional counsel when considering a gift to PIH Health Foundation.