



LEGACY
CIRCLE



Legacy Circle Enrollment Form

Thank you for documenting your intention to make a gift from your estate to Planned Parenthood of the Pacific Southwest (PPPSW). Your generous commitment will support access to sexual and reproductive health care for years to come.

FIRST & LAST NAME

SPOUSE/PARTNER – FIRST & LAST NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

BIRTHDATE

SPOUSE/PARTNER – BIRTHDATE

By making this gift, you become a part of the **PPPSW Legacy Circle**. In an effort to inspire others to make similar gifts, we like to recognize Legacy Circle members in publications.

List name(s) as: _____

I/we prefer to remain anonymous.

The information on this statement of intention does not constitute a legal obligation, and we understand the size of your future gift may be different from the amount estimated below.

Type of Bequest:

Please check all that apply and estimate the value of each gift in today's dollars.

Will or Trust: \$ _____

Real estate: \$ _____

Retirement plan/IRA: \$ _____

Insurance policy: \$ _____

Donor-Advised Fund: \$ _____

Other asset: \$ _____

Charitable remainder trust: \$ _____

Please describe: _____

SIGNATURE 1 _____ **DATE** _____

SIGNATURE 2 _____ **DATE** _____

Questions?

Contact Lacey Lee at 619.822.1084 or llee@planned.org
Planned Parenthood of the Pacific Southwest
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