MemorialCare™ | Long Beach Medical Center Foundation
Miller Children's & Women's Hospital Long Beach Foundation

Charitable Gift Intention

Personal Information

Name _____

Address _____

City _____ State _____ ZIP _____

Preferred email _____

Mobile phone _____ Other phone _____

Spouse/Partner Information

Name _____

Preferred email _____

Mobile phone _____ Other phone _____

Gift Intention Information

I/We intend to give a total gift of $ _____ designated to

_____

_____

My/Our Payment Plan is

Amount		Date	Amount		Date
_____	By	_____	_____	By	_____
_____	By	_____	_____	By	_____
_____	By	_____	_____	By	_____
_____	By	_____	_____	By	_____
_____	By	_____	_____	By	_____

Gift Intention Notes:

Alternative Ways to Make a Gift

☐ I have already made Memorial Medical Center Foundation a beneficiary in my will, living trust, retirement plan, life insurance policy or other plan.

☐ Please contact me about how I can benefit Memorial Medical Center Foundation through my will or trust, or other giving options that don't require cash today.

Signature(s) **Date**

Signature(s) **Date**

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