Letter of Intent for a Le	gacy Gift			
-	to provide a legacy of support to a provision to Paci c in my/our of me.		-	
Name	Date of Birth	Second Name (if joint)		Date of Birth
School (if applicable)	Class	School (if applicable)		Class
Address	Ci	ty	State	Zip Code
()	()			
Phone	Fax	E-mail		
Type of Legacy Gift				
Please complete the following Pacific in the amoun U of \$	information to ensure that our	records accurately re ect th	e details of your	gift. I/We have made a gift to
	tating an amount, my/our estate		d my spouse/par	
Legacy Gift Designatio	· ·			
My/our gift is designated	I to the university's area of grea	atest need; or		
-	ift for:signation is unavailable when the state of t	-	rsity president sh	erstand that in the unlikely nall direct the gift to the
As a legacy donor, University of Please choose one:	of the Paci c would like to reco	gnize you as a member of it	s legacy donor re	ecognition society.
You may publish my/our	name(s) on donor lists as moti	vation for others to leave a	legacy gift; or.	
I/We prefer to remain an	onymous. Please do not publis	h my/our name(s) on any d	onor lists.	
Donor Signature	Donor	Signature		Date
OFFICE OF ESATE & G	IFT PLANNING		/HJDO	1DPH 8QLYHUVLW\
3 D E I I I E 6 (NA DHEURING) HID O			, 113 0 0	IDIII OQLIIIOVLW\

3 D F L I L F6 \$VYRHFO&JX\$VHR Q -Dr ' 1XPEHU

3 D F L I L F6 \$WRHFO&U\$WHR Q

OHJDF\#SDFLILF HGX _ OHJDF\ SDF