

**DDSO MAIN OFFICE** 

5051 47<sup>th</sup> Avenue, Sacramento, CA 95824 (916) 456-5166 www.ddso.org

## **LETTER OF INTENT**

I wish to share a gift to ensure a world where people with intellectual and developmental disabilities live healthier and enriched lives, and are nurtured by caring and supportive communities that minimize and eliminate barriers.

It is with deep satisfaction that:  \( \subseteq \text{ I have made a provision to make a Legacy Gift } \)  \( \subseteq \text{ I intend to make a provision during the next } \)	months
With a Legacy Gift established through a:  ☐ Bequest in my Will or Trust ☐ Life Insurance Policy ☐ Undecided	<ul><li>□ Remainder of Retirement Plan</li><li>□ Other</li></ul>
Special requests:	
Contact Information:	
Name(s):	
Address:	
	State: Zip:
Phone:Em	nail:
To acknowledge your legacy, and encourage others to commit to the future, we occasionally list names in our	
marketing materials.	
☐ Yes please use the following name in marketing materials	
$\ \square$ No thank you, I prefer to remain anonymous.	
I understand that this letter of intent is not a legal obligation and may be changed at my discretion at any time.	
Signed	Date

Please deliver your completed letter to:

DDSO c/o Legacy Circle 5051 47<sup>th</sup> Avenue, Sacramento, CA 95824 (916) 456-5166 info@ddso.org www.ddso.org