



**NOTICE OF PROVISION FOR BENEFIT OF AIDS PROJECT LOS ANGELES
(d.b.a. APLA Health)**

I/we hereby notify you that I/we have included AIDS Project Los Angeles (Federal Tax ID 95-3842506) as a beneficiary of my/our estate plan.

I/we understand that AIDS Project Los Angeles may wish to recognize my/our commitment in its efforts to ensure the future health of LGBT individuals and those living with HIV, and I/we am pleased to participate in and to be listed as a member of the Legacy Society. I/we understand that recognition shall include my/our name being published in AIDS Project Los Angeles' annual report, as well as in materials produced in connection with major events sponsored by AIDS Project Los Angeles.

I/we also understand that listing my name in these publications does not relieve AIDS Project Los Angeles of its obligation to otherwise maintain the confidentiality of my personal commitment and any documentation related to that commitment. Nor does this indication prevent me/us from amending in the future any revocable provision I/we have made for AIDS Project Los Angeles.

Please list my/our names as follows:

Donor name: _____

Date of birth: _____

Donor name: _____

Date of birth: _____

Address: _____

Phone: _____ Email: _____

I/we have made provisions for a gift through:

- Will/Bequest or Living Trust
- Life Insurance
- Retirement Plan
- Gift Annuity
- Charitable Lead / Remainder Trust
- Other: _____

Signed: _____

Dated: _____

Please return to:

Charles Robbins, MBA, CFRE
Chief Advancement Officer
APLA Health
611 S. Kingsley Drive
Los Angeles, CA 90005
crobbins@apla.org

- I/we wish to contribute anonymously. Please do not list my name as a member of the Legacy Society.