



**NOTICE OF PROVISION FOR BENEFIT OF APLA HEALTH & WELLNESS
(d.b.a. APLA Health)**

I/we hereby notify you that I/we have included APLA Health & Wellness d.b.a. APLA Health (Federal Tax ID 84-1661910) as a beneficiary of my/our estate plan.

I/we understand that APLA Health & Wellness may wish to recognize my/our commitment in its efforts to ensure the future health of LGBTQ 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 the APLA Health & Wellness annual report, as well as in materials produced in connection with major events sponsored by APLA Health & Wellness.

I/we also understand that listing my name in these publications does not relieve APLA Health & Wellness 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 APLA Health & Wellness.

Please list my/our names as follows:

Donor name: _____

Date of birth: _____

Donor name: _____

Date of birth: _____

Address: _____

City, State Zip: _____

Email: _____

Phone: _____

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

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: _____

Date: _____

Please return to:

Ken Mintzer
Chief Advancement Officer
APLA Health
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Los Angeles, CA 90005
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