Letter of Intent for a Legacy Gift

As evidence of my/our desire to provide a legacy of support to University of the Pacific, I/we hereby inform Pacific's Office of Estate and Gift Planning, that I/we made a provision to Pacific in my/our estate plan. I/We understand that this commitment is revocable and can be modified by me/us at any time.

Name	Date of Birth	Second Name (if joint) School (if applicable)		Date of Birth Class	
School (if applicable)	Class				
Address	(Dity	State	Zip Code	
() Phone	() Fax				
		a			
Type of Legacy Gift					
	ng information to ensure that ou				_
Pacific in the amount of $\$ _	(If your gift is a	percentage of your estate, plea	se estimate the	present dollar va	lue of your gift)
My/our gift is made from (ch	eck all that apply):				
Will Trust Retir	rement Plan/IRA Insurance	Policy Other Asset			
This gift will be distributed t	o Pacific after (check one):	My death or My death and	my spouse/partn	ner's death or	Other
	stating an amount, my/our esta rovision at any time, at my/our				
Legacy Gift Designa	ation & Recognition				
My/our gift is designat	ed to the university's area of gr	eatest need; or			
circumstance my/our of	gift for:designation is unavailable when atest need in a manner most co	_	•		•
As a legacy donor, University Please choose one:	of the Pacific would like to reco	ognize you as a member of its I	egacy donor reco	gnition society.	
You may publish my/ou	ur name(s) on donor lists as mo	tivation for others to leave a le	gacy gift; or.		
I/We prefer to remain	anonymous. Please do not publi	ish my/our name(s) on any dor	or lists.		
Donor Signature					

OFFICE OF ESTATE & GIFT PLANNING

3601 Pacific Avenue, Stockton, CA 95211 209.946.7486

legacy@pacific.edu | legacy.pacific.edu

Legal Name: University of the Pacific 3601 Pacific Avenue, Stockton, CA 95211 Federal Tax ID Number: 94-1156266