

California Academy of Sciences Estate Gift Intention Form

Thank you for providing the information below to confirm your estate gift intention and join the Eastwood Associates. Please return your completed form via email or postal mail to the Planned Giving Department to qualify for the Legacy Match Challenge.

Name(s):		Birthdate(s):	
Address:		Email:	
		Phone:	
		u would like it to appear in d spire others to follow your le	-
-	nain anonymous to the p nain anonymous to the p	ublic until the gift is received. ublic in perpetuity.	
Please sign and date this sec	tion to confirm your East	wood Associate recognition pre	eference.
Signature	Date	Signature	 Date
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Address

City, State & ZIP

Email Address

Please return to 55 Music Concourse Drive, San Francisco, CA 94118 or via email at eastwoodassociates@calacademy.org.

Address

City, State & ZIP

Email Address

050222