



**LEGACY CHALLENGE  
2021-2022**

**Name Compassion & Choices in your will or as a beneficiary of another planned gift and a matching donation of \$500 will be made to us in your honor. (Valid until 12/31/2022)**

**Name/Please Print:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Qualify my planned gift for a matching donation:**

I have included C&C as a beneficiary of my:

Will/Living Trust

Retirement Plan

CGA

Charitable Trust

Life Insurance Policy

Other \_\_\_\_\_

**I would like more information, please contact me regarding a planned gift.**

**I would like to be included in the C&C Legacy Circle.**

**I prefer to remain anonymous.**

**Please return this form to:**

Compassion & Choices  
101 SW Madison Street  
#8009  
Portland, OR 97207-2188

**For questions or more information:**

**Website:** [CompassionAndChoices.giftplans.org](http://CompassionAndChoices.giftplans.org)  
**Contact:** Samuel B. Young, ESQ-LSW  
Director of Legacy & Planned Giving  
800.247.7421 x2152  
[plannedgiving@CompassionAndChoices.org](mailto:plannedgiving@CompassionAndChoices.org)