



**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
Contact: Samuel B. Young, ESQ-LSW
Director of Legacy & Planned Giving
800.247.7421 x2152
plannedgiving@CompassionAndChoices.org