



**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  
611 S. Kingsley Drive  
Los Angeles, CA 90005  
[kmintzer@apla.org](mailto:kmintzer@apla.org)