

1680 East 120th Street
Los Angeles, CA 90059

P: 424-338-8686
www.mlk-chf.org



**MLK Community
Health Foundation**

The Dream Society Enrollment Form

*Thank you for your planned gift to Martin Luther King, Jr. Community Health Foundation (Tax ID #45-4433505).
Your information will remain confidential and does not create a binding obligation.*

Donor Info

Donor Name & Birth Date:
Co-Donor/Spouse/Partner Name <i>(if appropriate)</i> & Birth Date:
Address:
City, State, Zip Code:
Phone:
Email:

Gift Type

- I/We have included or plan to include MLKCHF in my/our will or living trust.
- I/We have included or plan to include MLKCHF as a beneficiary of my:
- IRA or retirement plan Bank or brokerage account Commercial annuity
 - Life Insurance Policy Charitable trust
- Donating Assets: I/We will donate real estate or stocks to MLKCHF.

Additional information you wish to provide: _____

Recognition Options

- Please recognize me/us as a member of the Dream Society.
- I/We wish to remain anonymous.

Signature(s):

_____ Date: _____

_____ Date: _____