Membership Application

(All information is treated confidentially)

Lucile Salter Packard Society

Please provide the following information:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Optional:

Estate Planner/Attorney _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Yes, I included the Lucile Packard Foundation for Children's Health (Tax-ID#: 77-0440090) in my estate plans. Please indicate how you have provided for a distribution to the Foundation:

_____ will _____ living trust _____ retirement plan assets

_____ charitable gift annuity _____ charitable remainder trust _____ gift of life insurance

_____ other (please specify): _____

LSPS members are recognized in donor publications and on the Hospital donor wall.

_____ Yes, please list my name in donor recognition materials as follows:

_____

_____ I wish to remain anonymous.

Signature _____ Date _____

Please send your completed application to:

Office of Gift Planning
Lucile Packard Foundation for Children's Health
400 Hamilton Avenue, Suite 340
Palo Alto, California 94301

For additional assistance, please call the Office of Gift Planning at (650) 724 – 5778.