



DONOR DESIGNATION FORM

DONOR INFORMATION

Name

Spouse/Partner Name

Address City State Zip

Email

Cell Home Work Fax

I would like this gift to be anonymous

FINANCIAL ADVISOR INFORMATION

Name of Financial Advisor

Address City State Zip

Email

Cell Office Fax

INFORMATION & DESIGNATION DETAILS FOR GIFT*

Please indicate bequest amount: **\$** _____

If donating to a specific program, please indicate details here:

Is this gift: **REVOCABLE** or **IRREVOCABLE**

*Please include a copy of the pages from your will/trust that refer to SCCC.

We are so grateful you have included the Southern California Counseling Center.
Your gift will change lives.