Gift Confirmation

Coachella Valley Children & Family Resource Center Transforming Lives Campaign (TLC)

This confirms that I/we intend to contribute \$_____ to the Transforming Lives Campaign

	-	_	Center. So that Olive Crest may this major gift as outlined below.
Gift will be funded over This year Year 2 Year 3 Year 4 Year 5	\$ \$ \$ \$	payable on//2 payable on//2 payable on//2 payable on//2 payable on//2	2025 2026 2027 2028
I/We authorize the Oliv		f this estate gift provision	
-			nd any unpaid portion of this
Please officially record names:	this major gift cor	mmitment and donor re	cognition under the following
Donor(s):			
Signature (s):			Date:
			Date:
Address:			
Telephone:			
Email:			

Non-profit Tax ID Number: 95-2877102 Checks should be made payable to Olive Crest and mailed to:

Olive Crest
Coachella Valley Family Resource Center
Transforming Lives Campaign Office
39830 Portola Ave, Suite A
Palm Desert, CA 92260
Attn: Tracy Fitzsimmons

Questions: Tracy Fitzsimmons, 951.686.8500 ext.4027 tracy-fitzsimmons@olivecrest.org

