

Name/ s _____

Address _____

City/ St/ Zip _____

Business phone _____

Home Phone _____

E-mail _____

**Welcome to the Lions Project for Canine
Companions for Independence
Legacy Society for
Canine Companions for Independence!**

*You may publish my name (our names) as follows:
(please print)*

Signed _____ *Date* _____

Check only if applicable:

Please do not publish my name (our names):
Signed _____ *Date* _____

Share my/our intent only with the LPCCI office

Signed _____ *Date* _____

Legacy Society

*LPCCI created this society to honor those who have remembered
the organization in their estate plans through thoughtful
bequests and other planned gifts. Those who do allow us to use
their names will be recognized in the LPCCI Newsletter. All
members receive a commemorative lapel pin.*

Please send to:

*Lucille Hynes, LPCCI Administrator
Lions Project for Canine Companions for Independence
PO Box 3896 Santa Rosa CA 95402*

*lpcci@cci.org
(707) 577-1774
(877)865-7224 toll free*