

I/We have included Interim, Inc. in my/our estate plan as follows:

- ☐ Bequest through will
- ☐ Bequest through living trust
- ☐ Charitable Remainder Trust
- ☐ Gift Annuity
- ☐ Gift of life insurance
- ☐ Remainder of Special Needs Trust
- ☐ Other (Please Specify)

“It gives us such a sense of peace and satisfaction to know that our bequest will help to continue the level of housing, support, and rehabilitation that only Interim, Inc. can provide. For our son and other adults with mental illness, this is the hope for their future.”

John and Sandra Sandys

About Interim

Interim, Inc. is funded through contracts with Monterey County Department of Health—Behavioral Health Bureau (including Mental Health Services Act funds) and the California Department of Rehabilitation. Other funding sources include: U.S. Department of Housing and Urban Development Continuum of Care (CoC) Program, City of Monterey, City of Salinas, client fees and rents, foundation grants, and contributions. Our Federal Tax ID is #51-0159122.

Interim, Inc. is an equal opportunity employer and does not discriminate against employees or job applicants on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, registered domestic partner status, sex, gender, gender identity, gender expression, age, sexual orientation, military and veteran status, or any other characteristic protected by federal, state, or local laws. Any questions relating to this policy may be referred to the Deputy Director at 831.649.4522. TTY users may call 711.

All information provided to Interim, Inc., is kept confidential.

For information or assistance, please contact the Development Office at (831) 649-4522 ext. 205.



Creating Housing, Healing,
and Hope
for People with
Mental Illness



With gifts large and small, our donors have helped us to build 20 housing, treatment, and service facilities. We serve more than 2000 adults with mental illness each year and offer a range of programs and supportive housing to improve the quality of life for those with psychiatric disabilities.

Maintaining these achievements for the future is the goal of Interim's Legacy Society. The Legacy Society will help us to provide support and housing in the future.

Making a commitment to sustain Interim for the future is not difficult to do. Two simple gifts now can make a huge difference to Interim in the future.

Naming Interim in your will or trust means that your generous donations to support adults with mental illness will continue even after you are gone.

Naming Interim as the owner and beneficiary of a life insurance policy can provide an easy, often tax-deductible, way to ensure that our programs continue.

Planning to make a gift for some future time may seem confusing. There are so many different types of planned gifts — stocks, real estate, annuities, retirement plans —all with different tax implications.

Or, you may assume that planned gift opportunities apply only to the wealthy. This is not true. Everyone can create these types of planned gifts. Supporting a mission you believe in is something you

already do in countless ways each day. When you talk to your financial advisor, ask him or her about including Interim in your will or estate plan.

Your support will help us to create Housing, Healing, and Hope for adults with mental illness for the next generation.

Legal Information for Your Financial Advisor

Please share this information with your financial advisor so that you can be assured that your loyal support is directed to people with mental illness in Monterey County:

Interim, Inc.

PO Box 3222

Monterey, CA 93942

Federal Tax ID # 51-0159122

For additional information, or to discuss other types of planned giving, please contact our Development Office at 831.649.4522, ext. 205.

"I feel Interim, Inc., really tries to help the mentally ill, a group of people so forgotten by society. I have remembered Interim in my living trust."

Mrs. Alyce Rider

Legacy Society Membership Form

(Please detach and return to Interim in enclosed envelope.)

Name as it should appear on membership form

Address

City State Zip

Phone Email Address

☐ *I prefer to remain anonymous*

Optional: Attorney's Name & Address

Name

Address

City State Zip

Phone Email Address

Optional: Accountant's Name & Address

Name

Address

City State Zip

Phone Email Address