



**THE SAN DIEGO FOUNDATION**  
THE CENTER FOR CHARITABLE GIVING

Information Needed for a Crescendo Illustration  
***Pooled Income Fund***

**Person 1:** \_\_\_\_\_  
First M Last

**Person 2:** \_\_\_\_\_  
First M Last

**Birth Date(s)**

Person 1: \_\_\_/\_\_\_/\_\_\_

Person 2: \_\_\_/\_\_\_/\_\_\_

**Proposed Gift Date:** \_\_\_/\_\_\_/\_\_\_

**Gift Amount:** \$\_\_\_\_\_

*Please call the Philanthropy Department at (619) 235-2300 to request an illustration.*