

Confidential Planned Gift Confirmation for Legacy Society

If you have made a provision including XXXXX in your will, trust, or other estate plan we would like to thank you by recognizing your membership in the "Legacy Society." Through the Legacy Society you will be acknowledged among our special friends and join others who are committed to further endowing the future of our community hospital.

Name _____ Date of Birth ____/____/____

Spouse _____ Date of Birth ____/____/____

Address _____

City/State/Zip _____

I have made provision for XXXXXXXXXXXXXXXXXXXX in my estate plan as follows:

TYPE OF PROVISION	ESTIMATED AMOUNT
A. Outright bequest in my/our will	\$ _____
B. Provision in my/our revocable living trust	\$ _____
C. Life insurance policy beneficiary	\$ _____
D. Beneficiary designation of my/our retirement plan	\$ _____
E. Life income plan such as a charitable remainder trust, charitable gift annuity, or charitable lead trust	\$ _____
F. Donor advised fund at a community foundation	\$ _____
F. Other method please describe _____	\$ _____

(Attachments or letters which further describe the nature of the above provision(s) are welcomed in addition to that section of the will or trust in which our institution is mentioned)

May we publish your name(s) as member of the Legacy Society? ____ Yes ____ No

Please consider publishing your name as it may encourage others to participate.

Please print your name(s) as you would want it to appear on the Legacy Society membership certificates, wall plaque and correspondence.

Signature(s) _____ Date ____/____/____

Please return the completed form to: XXXXXXXXXXXXXXXXXXXX