

Art of Giving Society

Confidential Planned Gift Intent Form

Thank you for informing us of your intention to provide a bequest or other future gifts to the Spectrum Health Foundation to help save and changes lives. It is important to document your intent so that we can appropriately honor your gift. Please take a few minutes to complete this form and return to the address below.

Personal Information

Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone:(____) _____ Cell Phone:(____) _____

Email Address _____

Gift Type

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Will | <input type="checkbox"/> Charitable Lead Trust | <input type="checkbox"/> Living Trust |
| <input type="checkbox"/> Life Insurance Beneficiary | <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> IRA |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Employer Plan (401k) | |

Estimated Value of Gift

\$ _____ or _____ % (Please note that this voluntary, non-binding disclosure, that will be kept confidential)

Designation

- Undesignated to support greatest need
- Designated for: _____
- I/We would like to speak with someone from the Foundation to discuss how to direct my/our support for the greatest impact.
- I/We would like to establish a named endowment with my/our legacy gift

Recognition

- Please include me/us, without disclosure of amount, in the Art of Giving Society. I/We would like my/our names(s) to appear as follows: _____
- I/We wish for my/our gift to remain anonymous

I/We understand that I/we are not making a legal, or binding, commitment upon my estate by submitting this form. Furthermore, the Spectrum Health Foundation understands that the size of my/our future gift might be significantly different from the amount estimated above for the purposes of valuation. If for any reason in the future Spectrum Health Foundation is no longer included in my estate plan, I/we will notify the Foundation so that their records can be updated and my/our names removed from the Art of Giving Society.

Signature: _____ Date: _____

Signature: _____ Date: _____