Estate Plan Intention & Designation Form

NON-BINDING & CONFIDENTIAL

Name: _____ Date of Birth: ____/____/____

Spouse's Name: _____ Date of Birth: ____/____/____

Preferred Phone: _____ Email: _____

I/we are pleased to inform you that my/our:

○ Will ○ Trust ○ Retirement Plan ○ Life Insurance ○ Other: _____

includes a provision for:

○ St. Vincent Charity Medical Center ○ Mercy Medical Center ○ Early Childhood Resource Center

○ Healthy Learners ○ Joseph's Home ○ Light of Hearts Villa ○ Regina Health Center

○ SC Center for Fathers & Families

Gift Designation:

○ Area of Greatest Need ○ Other: _____

In honor/memory of: _____

To help Sisters of Charity Health System plan for the future:

The approximate amount of my/our bequest, based on today's value, is $ _____

OR

The approximate gift range of my/our bequest, based on today's value is:

○ **$1M+** ○ **$500K – $999K** ○ **$250K – $499K** ○ **$100K – $249K** ○ **$50K – $99K** ○ **$25K – $49K** ○ **<$25K**

○ I/We agree to be listed as members of the Sisters of Charity Health System Legacy Society for the designated ministry. Please list my/our name as: _____

_____ _____ _____ _____

Signature **Date** **Spouse Signature (if applicable)** **Date**

Attorney/Advisor Name: _____ Firm: _____

Phone: _____ Email Address: _____