

# Legacy Health

## Letter of Intent for a Planned/Estate Gift

As evidence of my/our desire to provide support to Legacy Health, I/we hereby inform Legacy Health that I/we have made a provision for a gift in my/our estate plans. I/we understand this commitment is revocable and can be modified by me/us at any time. We appreciate any notice of changes to your intentions as it helps us plan for the future and honor your philanthropic goals.

\_\_\_\_\_  
Name(s) as you would like to be recognized

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

(\_\_\_\_\_) \_\_\_\_\_  
Phone

(\_\_\_\_\_) \_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

### My gift is in support of:

- |  |   |
|--|---|
| <input type="checkbox"/> Emanuel Medical Center Foundation | <input type="checkbox"/> Mount Hood Medical Center Foundation   |
| <input type="checkbox"/> Good Samaritan Foundation         | <input type="checkbox"/> Randall Children's Hospital Foundation |
| <input type="checkbox"/> Legacy Health Foundation          | <input type="checkbox"/> Salmon Creek Hospital Foundation       |
| <input type="checkbox"/> Meridian Park Medical Foundation  | <input type="checkbox"/> Silverton Health Foundation            |

### It is my/our intent to leave a gift to Legacy Health through my/our:

- |   |   |
|---|---|
| <input type="checkbox"/> Will                   | <input type="checkbox"/> Living Trust               |
| <input type="checkbox"/> Retirement Plan Assets | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Life Insurance Policy  | <input type="checkbox"/> Other: _____               |

### Please place us/me in the Legacy Builders Society:

- Feel free to publish my/our name(s) among your lists of Legacy Builders Society members as motivation for others to leave a future gift to benefit the Legacy Health.
- I/We would like this to remain an anonymous gift.
- I/We would like to subscribe to Legacy Foundation's e-communications.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Donor's Signature

Date: \_\_\_\_\_

### Change Your Mind Any Time

We realize that circumstances change, and the bequest to us in your will or trust may no longer be possible at some future date. Your family and friends come first, and that's why a bequest works for so many of our supporters—you can change your mind anytime.



**The Office of Philanthropy | Legacy Health**  
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[www.legacyhealth.org/giving](http://www.legacyhealth.org/giving)