

## A Gift to Dignity Health - St. Rose Dominican Hospitals

A practical way to make a planned gift to the St. Rose Dominican Health Foundation is to include the Foundation in your will or revocable trust, or as a beneficiary of your retirement plan or life insurance. If you have already made a provision to include St. Rose Dominican Health Foundation in your financial planning, please notify us by completing and returning this document. By documenting your bequest intention, the St. Rose Dominican Health Foundation will have an opportunity to recognize your generous support in your lifetime.

Information provided to signify your bequest intention to St. Rose Dominican Health Foundation will remain completely confidential unless you provide permission to publicize your gift. The St. Rose Foundation understands that all bequest provisions are revocable, and any intentions stated here are not binding on you or your estate.

**I have made a revocable gift commitment for Dignity Health - St Rose Dominican Hospitals as follows (*check all that apply*):**

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> <b>Bequest</b>                      | Approximate value: \$ _____ |
| <input type="checkbox"/> <b>Life Insurance Policy</b>        | Approximate value: \$ _____ |
| <input type="checkbox"/> <b>IRA or other retirement plan</b> | Approximate value \$ _____  |
| <input type="checkbox"/> <b>Other asset</b>                  | Approximate value: \$ _____ |

Area of gift designation: \_\_\_\_\_

**Recognition (Select one.):**

- ☐ I/we accept membership into the Legacy Society (recognition society for donors who have included St. Rose Dominican Hospitals in their estate plan). Please publish my/our name(s) among your lists of Legacy Society members.

Please clearly print the text as it should appear:- \_\_\_\_\_

- ☐ Please do not list my/our name(s) publicly

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Signature	Date
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Name (please print)	Date of Birth
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**Contact information for a representative of my estate:**

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Name	Role
Telephone	Email

- ☐ I have attached documentation from my will, retirement plan, life insurance policy, or trust.

*If your gift is for a percentage of your estate, rather than a fixed amount, St. Rose Dominican Health Foundation will be happy to use your good faith estimate of the current value based on this percentage. While not required, you may wish to include a copy of the relevant portion of related document.*