Future Gifts to St. Rose Dominican Health Foundation

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

Information provided to signify your intention to make a future gift to the foundation will remain completely confidential unless you authorize the foundation to publicize your intention. The foundation understands that intentions to make a future gift are revocable, and any intentions stated here are not binding on you or your estate.

I have made revocable gift commitments for St. Rose Dominican Health Foundation as follows *(check all that apply)*:

Bequest approximate value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cContact information—representative of my estate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name

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Telephone

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Role

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Email

Life Insurance Policy approximate value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cContact information—representative of my estate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name

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Telephone

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Role

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Email

IRA or Other Retirement Plan approximate value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cContact information—representative of my estate:

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Name

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Telephone

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Role

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Email

Other Asset approximate value: $\_\_\_\_\_\_\_\_\_\_\_\_

cContact information—representative of my estate:

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Name

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Telephone

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Role

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Email

While not required, you may wish to include a copy of the relevant portion of the related document.

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name (please print

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Contact information—representative of my estate:

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Name

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Telephone

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Role

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Email

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

cContact information—representative of my estate:

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Name

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Telephone

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Role

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Email

If your future gift is for a percentage of your estate rather than a fixed amount, the Foundation will be happy to use your good faith estimate of the current value based on this percentage.

**Please mail this form to:**St. Rose Dominican Health Foundation
Attn: Planned Giving
102 E. Lake Mead Parkway
Henderson, NV 89015