



UNITED HOSPITAL FOUNDATION

NOTIFICATION OF LEGACY GIFT

I confirm that I have provided the following legacy intention for United Hospital Foundation, as outlined in my estate plan. This declaration is made in support of United Hospital Foundation's values of integrity, philanthropic passion, community commitment, and trustworthy stewardship.

Name

Date of Birth

Second Name *(if joint gift)*

Date of Birth

Address

City

State

Zip

Telephone

Fax

E-Mail

For recognition purposes, please list my/our name(s) as:

☐ I/We wish to remain anonymous.

My/Our gift is designated for the following program or service, or "where the need is greatest":

Gift Amount *(please indicate the approximate current value of the gift)*: \$_____

My/our current plans call for United Hospital Foundation to receive a charitable gift through my/our:

☐ Will

☐ IRA/Retirement Plan Assets

☐ Life Insurance Policy

☐ Trust

☐ Charitable Trust or Gift Annuity

☐ Other: _____

Date

Donor Signature

Date

Donor Signature

