

I/We have provided support to Mercy Health Foundation with one or more of the following planned gifts:

- ☐ Will or Living Trust
- ☐ Charitable Trust
- ☐ Retirement Plan (Administrator) _____
- ☐ Life Insurance Policy _____
- ☐ Bank/Investment Account (Institution) _____

I/We want to clarify the bequest with additional information (approximate current value, residual beneficiary, % irrevocable, revocable, trust dated).

Current estimated value of this gift intention \$ _____ or _____ % total assets

I/We request that Mercy Health Foundation use my/our gift in the following way(s):

- ☐ Unrestricted/Area of Greatest Need
- ☐ Restricted _____

I/We would like my/our name(s) to appear as Callaghan Society members in donor recognition publications (annual report, newsletters) as follows: Please print your name(s) as you would like to be listed.

I/We wish to remain anonymous and do not want to be included in publications.

☐ Yes

Please print

Legal Name

Spouse's Name

Date of Birth

Spouse's Date of Birth

Address

City, State, Zip

Phone

Email

Date

This Declaration of Intent is not legally binding on your estate.