

Planned Giving Declaration of Future Intent

Thank you for your intention to include Bronson Health Foundation in your estate plans. In an effort to accurately document your intention, please complete this form with details you are comfortable providing. Information will be kept confidential and does not constitute a binding obligation. Completion of this form also allows the donor the opportunity to designate **\$1,000** to a Bronson Health Foundation fund/project of their choosing.

Gift Recognition

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

- I/We give permission to list my/our name(s) as a member(s) of the Margaret Varney Legacy Society (for recognition purposes only) with the understanding that the amount of my/our arrangement is strictly confidential.
- Although the Bronson Health Foundation is currently included in my/our estate, I/we wish to remain anonymous and not be included in the Margaret Varney Legacy Society.

Description of Gift

I/We have included Bronson Health Foundation in the following estate provision (check all that apply)

<u>Description</u>	<u>Amount or Percentage</u>
<input type="checkbox"/> Will or Trust	_____
<input type="checkbox"/> Charitable Gift Annuity	_____
<input type="checkbox"/> Charitable Remainder Trust	_____
<input type="checkbox"/> Remainder of Retirement Fund/IRA	_____
<input type="checkbox"/> Life Insurance Policy	_____
<input type="checkbox"/> Other Item or Asset	_____

Other (please describe): _____

- I/We have attached a copy of the portion of my/our estate document that names Bronson Health Foundation as a beneficiary.
- Bronson Health Foundation is a contingent beneficiary under the following conditions:

I/we wish to direct support to the following:

- Where the needs are greatest
- Other: _____

Contact Information

Will or Trust – If your gift is included in a will or trust, please provide the following:

Executor(s) or Trustee(s)

Name and Address

Phone and/or email

Beneficiary Designation – If your gift is directed by a beneficiary designation, please provide the following:

Administrator or Company

Name and Address

Phone and/or email

Other Information, Contacts, and Relationships You Want Us to Know (family, attorney, etc.)

Name and Address

Phone and/or email and relationship

This Declaration of Intent is an expression of my/our present plans and is subject to change or modification by me/us.

Donor (Printed Name)

Date

Donor Signature

Date

Donor (Printed Name)

Date

Donor Signature

Date

**Please return this form to
Bronson Health Foundation**

301 John Street Box C • Kalamazoo, MI 49007 • Phone: 269-341-8100 • Fax: 269-341-7948
healthfoundation@bronsonhg.org
www.bronsonfoundation.com

Bronson Health Foundation is a 501 (C) (3) charity; gifts to the foundation are deductible for Federal income tax purposes, subject to the limitations placed on charitable gifts by the IRS. **EIN: 38-2415081**