

ESTATE INTENTION FORM - Benedictine Health Foundation's Legacy Society
Tax ID: 22-2243537

This is a confidential record.

In order for us to include you in the *Legacy Society*, please complete and sign this Estate Intention Form, which applies to your future gift of a bequest to Benedictine Health Foundation through your Will or Trust.

Recognition

- I/We understand that listing this gift may be an incentive for others to give and are willing to be publicly acknowledged. Please list the donor(s) as followed: _____
- I/We prefer not to be listed or acknowledged publicly.

Provisions

The Will/Trust provides that _____% shall be bequeathed to the Benedictine Health Foundation through the estate. As of today's date (month/day/year) _____ the estimated value of this provision in the estate plan would be approximately \$ _____.

The Will/Trust provides that an outright gift of: \$ _____ shall be bequeathed to Benedictine Health Foundation through the estate.

The Will/Trust was signed on (month/day/year): _____

The Will/Trust indicates that the bequest through the estate is unrestricted.

The Will/Trust directs the Benedictine Health Foundation to use the bequest for a specific purpose, which is as follows (please contact the Health Foundation office to make sure your gift can be used as intended):

The Will/Trust provides that certain items of real or personal property shall be bequeathed to Benedictine Health Foundation through the estate. As of today's date (month/day/year) _____ the estimated value of these items is approximately \$ _____. The items are as follows:

I understand that I am not making a legal or binding commitment upon my estate by submitting this Estate Intention Form. Further, Benedictine Health Foundation should understand that the size of my future gift might be significantly different from the amount estimated above for the purposes of valuation. If for any reason in the future Benedictine Health Foundation is no longer included in my estate plan, I will notify you so that you can update your records and remove me from the planned giving Legacy Society.

Please Print:

Donor Full Name(s): _____

Address: _____ City: _____ ST: _____ Zip: _____

Tel. #: _____ Email Address: _____

Signature(s): _____ / _____

Please return this form to: Benedictine Health Foundation, 144 Pine Street, Suite 220 Kingston, New York 12401. If you have questions, please contact Bernadette Rexford, Executive Director, at (845) 481-1371. Thank you for your generosity.