

CONFIDENTIAL STATEMENT OF BEQUEST INTENTION

I/We,				,	
Print Name(s)				·	
ofStreet Address		City	State	Zip	
confirm a bequest intenti-	on to the Deborah Foundation	n.			
Donor Signature		Donor Sig	Donor Signature		
Today's Date	Date of Birth	Today's Date	Date of	of Birth	
Preferred Phone Number		E-Mail Address			
Name of estate attorney	y/planner	Phone			
Name of Executor		Phone			
arrangements to assure commitment is acknow Bequest of Outri Beneficiary of a Donor Advised I	that this will be accomplished ledged within the following d ght Gift in Will Life Insurance Policy Fund	e plan and confirm that I/we have maded prior to or on or about the time of redocument(s): Charitable Remainder True Beneficiary of a Retireme Other (please describe):	ny/our passir ist		
I am/we are pleased to The approximate value	be able to support the Debora	ah Hospital Foundation through our bamount to \$	equest gift.		
If you wish this provision	n to be restricted to a specific	area or program of the Hospital plea	se describe:		
		e above provision(s) are welcomed. Also ese provision(s) would be appreciated.	, that section o	of your	
In the event of unforeseent agree to notify the Four		any future change in the above estate ——————————————————————————————————	planning pro	ovision(s),	
		initiais Initiais			

The Deborah Foundation assures you that this statement of intention does not legally bind you, your heirs, or your estate. Furthermore, Deborah understands that the size of your future gift may be different from the amount estimated above.