

## CONFIDENTIAL STATEMENT OF BEQUEST INTENTION

Print Name(s)				<del>-</del>	
ofStreet Address		City	State	Zip	
onfirm a bequest intenti	on to the Deborah Foundation.				
Donor Signature		Donor S	Donor Signature		
Today's Date Date of Birth		Today's Date	Date of Birth		
referred Phone Number		E-Mail Address			
Name of estate attorne	//planner	Phone	Phone		
Jame of my Executor		Phone	Phone		
arrangements to assure	that this will be accomplished pr	an and confirm that I/we have marior to or on or about the time of			
commitment is acknow Bequest of Outri	ledged within the following docu	ument(s): Charitable Remainder Tr	net		
-	Life Insurance Policy Frust		Beneficiary of a Retirement Plan		
The approximate value	of my/our commitment will amo	ount to \$			
you wish this provision	to be restricted to a specific are	ea or program of the Hospital ple	ase describe:		
	dation of such a change.	future change in the above estate	e planning pro	ovision(s),	
gree to notify the Four		ls Initials			

Please provide a photocopy of your official documentation to ensure that your intent is honored All documents will be held in confidence.

Furthermore, Deborah understands that the size of your future gift may be different from the amount estimated above.