



Estate Intention Form

In order that we may include you in our recognition society, The McAuley Society, value your future gift for any campaign purposes, and properly thank you and acknowledge your gift, please complete the following information. This is a confidential record which applies to your future gift of a bequest through your Will or Trust. You may mail or fax this form to us at:

Mercy Health Foundation
Attention: Nicholas Koas, Senior Vice President for Institutional Advancement
301 St. Paul Place, Baltimore, MD 21202
410-685-7464 FAX

Name(s): (Dr./Mr./Ms./Mrs.) _____ Phone: _____
Address: _____ City, State Zip: _____

Please select one:

- I understand that listing this gift may be an incentive for others to give and I am willing to be publicly acknowledged.
I understand you would like to contact me and I would be happy to discuss this with you, but I prefer not to be listed or acknowledged publicly.

My Will/Trust was signed on: _____ and provides that: (Complete all that apply)

- _____ % shall be bequeathed to Mercy Health Foundation through my estate. As of the date of this intention, I estimate that the value of this provision in my estate plan would be approximately \$_____.
• \$ _____ shall be bequeathed to Mercy Health Foundation through my estate.
• Certain items of real or personal property shall be bequeathed to Mercy Health Foundation through my estate. As of the date of this intention, I estimate these items to be worth approximately \$_____.

The items are as follows: (for additional space, please use a separate sheet)

Please select one:

- My Will/Trust indicates that the bequest through my estate is unrestricted.
My Will/Trust directs the Mercy Health Foundation to use my bequest through my estate for a specific purpose. The specific purpose is as follows: (for additional space, please use a separate sheet)

I understand that I am not making a legal, or binding, commitment upon my estate by submitting this Estate Intention Form. Further, Mercy 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 in any campaign. If for any reason in the future, Mercy Health Foundation is no longer included in my estate plan, I will notify you so that you can update your records.

Donor(s): _____
Email(s): _____
Date: _____