



For us to properly recognize your future gift for the benefit of NCH Healthcare System, value your future gift for accounting purposes, and properly acknowledge your intention, please complete the following information as it applies to your circumstances and return with a copy of the page or section of your Will, Codicil, or Trust confirming your planned giving intention. This will be held in our records and may be helpful for us to receive the gift and put it to use for your intended purpose.

### SECTION I: (Please complete all appropriate options)

**It is my intent to support the legacy of NCH Healthcare System by including a gift in the following estate provision(s):**

- ☐ My Will/Codicil/Trust signed on \_\_\_\_\_ provides that \$ \_\_\_\_\_ will be bequeathed to NCH Healthcare System.
- ☐ My Will/Codicil/Trust signed on \_\_\_\_\_ provides that \_\_\_\_\_ % will be bequeathed through my estate to NCH Healthcare System. As of today's date, I estimate that the value of this provision of my estate plan will be approximately \$ \_\_\_\_\_.
- ☐ I have designated, through my IRA/Qualified Plan held by (custodian or trustee) \_\_\_\_\_ that \_\_\_\_\_ % or \$ \_\_\_\_\_ of my account is to be given to NCH Healthcare System.
- ☐ I have designated NCH Healthcare System as a beneficiary of a Charitable Remainder Trust, Gift Annuity, or have arranged for another form of planned gift. Details of the gift are attached.

#### Irrevocability:

- ☐ By designating NCH as an irrevocable beneficiary of my estate, I will become a member of the Viviano Circle of the NCH Banyan Society.

### SECTION II: (Please choose only one option)

**When realized, I would like my gift to be directed:**

- ☐ To the area of greatest need, as determined by the Board of Trustees
- ☐ To the NCH Heart, Vascular, and Stroke Institute
- ☐ Other; Specify: \_\_\_\_\_

### SECTION III: (Please choose only one option)

- ☐ I would like to be recognized as \_\_\_\_\_ in any donor or legacy gift acknowledgements.
- ☐ I would like my gift to remain anonymous.

### SECTION IV:

Donor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_ Attorney's Contact Information: \_\_\_\_\_

Completing this form is not binding on your estate. To effectuate a change in your estate plans, you must make a modification to your will or trust. Typically, this means meeting with your attorney and completing a brief attachment ("Codicil") that adds NCH Healthcare System as a beneficiary.