



**SAMPLE TESTAMENTARY LANGUAGE**

The following information is provided to assist you in developing your testamentary charitable gift in consultation with your attorney, accountant, and other advisors. It is not offered as, or intended to be, legal advice. We welcome the opportunity to work with you and your advisors to develop language tailored to your specific needs. Such collaboration ensures that the correct legal language is used and that your wishes are accurately understood. When making a will or codicil, a donor should seek the assistance of an attorney.

**1. Outright Devise in Will (unrestricted use):**

**a. Specific dollar amount:**

I give and devise the sum of \$\_\_\_\_\_ to the NCH Healthcare System a Florida not-for-profit corporation situated in Collier County, Florida, to be used as determined by the board of trustees.

**b. Percentage amount:**

I give and devise (\_\_\_\_\_ percent) of my residuary estate to the NCH Healthcare System a Florida not-for-profit corporation situated in Collier County, Florida, to be used as determined by the board of trustees.

**c. Specific property (tangible or intangible personal property):**

I give and devise (describe property) to the NCH Healthcare System a Florida not-for-profit corporation situated in Collier County, Florida, to be used as determined by the board of trustees.

**d. Specific real property:**

I devise all of my right, title, and interest in and to my real property situated at (give address or legal description) in \_\_\_\_\_ County, State of \_\_\_\_\_ to the NCH Healthcare System a Florida not-for-profit corporation situated in Collier County, Florida, to be used as determined by the board of trustees.

**e. Entire residue of estate:**

I give and devise all of the rest, residue, and remainder of my estate to the NCH Healthcare System a Florida not-for-profit corporation situated in Collier County, Florida, to be used as determined by the board of trustees.

**2. Restricted Use:**

If you intend to make a gift or devise to the NCH Healthcare System for a particular or restricted purpose rather than the general purposes of the organization, then insert the particular purpose or restriction as hereafter indicated.

**a. Specific dollar amount**

I give and devise the sum of \$\_\_\_\_\_ to the NCH Healthcare System to be used exclusively for the following purpose: (state the purpose). If at any time the board of trustees of the NCH Healthcare System determines that it is not possible or is not practical to accomplish the particular or restricted purpose of this testamentary devise, then the income or principal, or both, may be used for a related or similar purpose as determined by the board of trustees.

**b. Percentage amount**

I give and devise ( \_\_\_\_\_ percent) of my residuary estate to the NCH Healthcare System to be used exclusively for the following purpose: (state the purpose). If at any time the board of trustees of the NCH Healthcare System determines that it is impossible or impractical to accomplish the particular or restricted purpose of this testamentary devise, then the income or principal, or both, may be used for a related or similar purpose as determined by the board of trustees.

**For more information, please contact:**

NCH Center for Philanthropy  
PO Box 234  
Naples, Florida 34106  
(239) 624-2000

Federal tax identification number is 59-2314655. NCH Healthcare System is a 501 (c)(3) tax-exempt organization, IRS Section 170(b)(2)(iii) for both Federal and State tax purposes. A copy of our official registration and financial information may be obtained from the Florida Division of Consumer Services by calling toll-free 1-800-435-7352 within the state or accessing the website at [www.800helpfla.com](http://www.800helpfla.com) (ch1470). Registration does not imply endorsement, approval, or recommendation by the State.