

Donor Membership Card • Letter of Intent

EvergreenHealth

Legacy
Society

I/We declare my intention to help provide for the future of the EvergreenHealth Foundation with a gift through my will or estate plan:

- Yes, I would like to become a member of the EvergreenHealth Legacy Society
- This is a JOINT BEQUEST and both spouses' names should appear on the recognition pieces.

Please print your name(s) below exactly as you wish it to appear on the Legacy Society Wall of Honor and in publications so that we may acknowledge your gift according to your wishes. If you choose, you may also indicate that you would like to publicly remain anonymous.

First Name: _____ DOB: _____

Second Name, if Joint: _____ DOB: _____

Address/City/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

I/We designate the spending portion of my gift to be applied to:

- | | |
|---|--|
| <input type="checkbox"/> The Evergreen Fund – where the need is greatest | <input type="checkbox"/> The Evergreen Endowment Fund |
| <input type="checkbox"/> Breast Health Center | <input type="checkbox"/> Women's and Children's Services (Family Maternity Care, Neonatal Intensive Care Unit) |
| <input type="checkbox"/> Cardiac Services | <input type="checkbox"/> Hospice and Palliative Care |
| <input type="checkbox"/> Halvorson Cancer Center | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> EvergreenHealth Neurosciences Institute
(MS, Booth Gardner Parkinson's Care Center, Stroke) | _____ |

My Bequest will be funded by:

- Will Retirement Funds/IRA/401(K) Living Trust Life Insurance Charitable Remainder Unitrust
- Securities Other, please specify: _____

Estimate Gift Amount of final estate plans _____% and/or \$_____ to EvergreenHealth Foundation.
Please note: This information is utilized to determine recognition level.

- Yes, the EvergreenHealth Foundation may publish my name as an example to others.
- No, I would like my name withheld from all publications and remain anonymous.
- I have included a copy of my*: Will Trust document Life Insurance

I understand that I am not making a legal or binding commitment upon my estate by submitting this Letter of Intent.

Signature _____ Date _____

Signature _____ Date _____

The EvergreenHealth Foundation appreciates information about commitments from which it will benefit from in the future.
*We recognize the highly personal nature of these commitments and assure that the details will be kept confidential.

Please return to: EvergreenHealth Foundation • 12040 NE 128th Street, MS-5 • Kirkland, WA 98034-3098

