

## The Slocum Society Gift Intentions Form

As an expression of commitment to the Mission and future of Saint Mary’s Hospital, I/we take pleasure in declaring my/our **intention** to help provide for the future of this hospital with a gift incorporated into estate or financial plans.

( ) I acknowledge that I will, when the opportunity presents itself, include a gift in my plans in one or more of the following ways: *(Please check all boxes that apply)*

( ) I have already included a gift in one or more of the following ways: *(Please check all boxes that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Will   | <input type="checkbox"/> Beneficiary of Life Insurance     |
| <input type="checkbox"/> Trust  | <input type="checkbox"/> Beneficiary of Retirement Plans   |
| <input type="checkbox"/> Through a Gift that provides me/us with increased income for life and current income tax savings | <input type="checkbox"/> Beneficiary of US Savings Bonds   |
|   | <input type="checkbox"/> Beneficiary of Investment Account |

**Additional Details (Optional):** \_\_\_\_\_

**Estimated Current Value:** \$ \_\_\_\_\_

This gift in one or more of the above qualifies you as a member of The Slocum Society. This special society has been created to recognize and thank donors who help Saint Mary’s provide the best quality healthcare in the region delivered with compassion and care, as our Founder, Monsignor William J. Slocum, envisioned in 1909. As a member of The Slocum Society, we are honored to list your name in our annual publication(s). Please indicate your preference below:

- ( ) Please include me as a member and list my/our name(s) as follows: \_\_\_\_\_
- ( ) You may share information about my/our gift with others and may feature my/our story in electronic and/or print publications:
- ( ) I/we wish to remain anonymous.

Though this letter of intent is an expression of my current plans, I understand that I may modify or revoke it and that it is not a legal obligation binding on me or my estate.

\_\_\_\_\_  
*Name(s) (Print)* *Date(s) of Birth*

\_\_\_\_\_  
*Signature(s)* *Date*

\_\_\_\_\_  
*Address* *City, State, Zip*

\_\_\_\_\_  
*Email Address* *Telephone*