SSM Health Good Samaritan Hospital Foundation
1 Good Samaritan Way, Mt. Vernon, IL 62864
Phone: 618-899-1047
Email: Kay.Zibby-Damron@ssmhealth.com
givetossmhealth.org/GSplannedgiving

SSMHealth.
Good Samaritan Hospital Foundation

Non-Binding Statement of Intent to Make a Future Gift

Because of my/our special regard for SSM Health Good Samaritan Hospital Foundation, and realizing the importance of future gifts to the mission of SSM Health Good Samaritan Hospital Foundation, I/we have made the following provision(s) for SSM Health Good Samaritan Hospital Foundation as part of my/our estate plan(s):

Donor Information

Donor Name: _____ Donor Date of Birth: ____ / ____ / ____

Donor Address: _____

_____

Gift Method (Please check at least one item in this section)

☐ Will (Bequest)

☐ Living or Revocable Trust

☐ Beneficiary Designation: ☐ Primary Beneficiary   ☐ Secondary Beneficiary

  ☐ Life Insurance

  ☐ Bank or Brokerage Account _____

  ☐ Retirement Plan (IRA, 403-b, etc.) _____

☐ Outside Managed Charitable Trust

  ☐ Trustee _____

  ☐ Charitable Remainder Trust _____

  ☐ Charitable Lead Trust _____

☐ Other _____

Gift Details (Please check at least one item in this section)

☐ Gift of a specific amount $ _____

☐ Gift of a specific item of property _____
  Approximate current value of this gift is $ _____

☐ Gift of a percentage of residue _____ %
  Approximate current value of this gift is $ _____

☐ Contingent Gift (describe contingency) _____

Purpose of Gift (Please check at least one item in this section)

☐ This is an unrestricted gift to SSM Health Good Samaritan Hospital Foundation

☐ This is an unrestricted gift to _____
    (SSM Health Good Samaritan Hospital Entity)

☐ This gift is to be used for the following purpose or program: _____

☐ If you name SSM Health Good Samaritan Hospital Foundation in your will or trust, we would appreciate receiving a copy of the portion of your estate planning document that pertains to your gift to SSM Health Good Samaritan Hospital Foundation. This provides us with the opportunity to acknowledge your gift and ensure that it is directed according to your intentions.

I/We understand that this is not a legal or binding commitment on my/our estate and that the actual value of any future gift may be different than the amount estimated herein. Should my/our intent change from that stated above, I/we will notify the Foundation so it may update its records accordingly.

_____   _____

Printed Name:_____   Printed Name:_____

Date:_____   Date:_____