



SSM Health Foundation - Southern Illinois
1 Good Samaritan Way, Mt. Vernon, IL 62864
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givetossmhealth.org/SOILplannedgiving

Non-Binding Statement of Intent to Make a Future Gift

Because of my/our special regard for SSM Health Foundation - Southern Illinois, and realizing the importance of future gifts to the Mission of SSM Health in Southern Illinois, I/we have made the following provision(s) for SSM Health Foundation - Southern Illinois 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 Foundation - Southern Illinois
 This is an unrestricted gift to _____
 (SSM Health Hospital Entity)
 This gift is to be used for the following purpose or program: _____
 If you name SSM Health Foundation - Southern Illinois 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 Foundation - Southern Illinois. 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: _____