



**SSM Health Foundation - Southern Illinois**  
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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: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_