SSM Health
St. Clare Foundation
BARABOO

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Non-Binding Statement of Intent to Make a Future Gift

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

Donor Information

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

Donor Address: _____

Phone: _____ Email: _____

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 St. Clare Foundation - Baraboo.

☐ This is an unrestricted gift to_____
<div align="center">(SSM Health St. Clare Hospital Entity)</div>

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

☐ If you name SSM Health St. Clare Foundation - Baraboo 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 the 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: _____ Date: _____ / _____ / _____

Printed Name: _____ Date: _____ / _____ / _____