



① Gift Commitment

As evidence of my/our desire to provide a legacy of support to Regions Hospital, I/we have made a provision for a gift to Regions Hospital Foundation (RHF) in my/our estate plan.

② Contact Information

NAME _____

DATE OF BIRTH _____

NAME #2 (IF JOINT GIFT) _____

DATE OF BIRTH _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

WORK PHONE _____ - _____ - _____

CELL PHONE _____ - _____ - _____

EMAIL _____

EMAIL #2 _____

③ Gift Information

Provisions for my/our gift are through a:

- Will or trust
- IRA/retirement plan
- Charitable remainder trust (please attach copy)
- Other: _____

I/we designate this gift:

- To benefit the following program:
(indicate percentages if multiple designations)

For planning purposes, the estimated value of my/our gift as of this date is: \$ _____

(If your gift is a percentage of your estate, or a specific asset, please indicate the approximate current value)

All donors of future gifts become members of the Legacy Society of Regions Hospital Foundation.

- Please do not publish my/our name(s)
- Please publish my/our name(s) as follows:

④ Signature(s)

This statement of a future gift is *not a binding commitment*, and I/we retain the right to change or revoke this gift at any time with or without notice to the foundation.

SIG #1 _____ SIG #2 _____ DATE _____

To help administer your estate gift, RHF would appreciate any supporting documentation or information you are willing to share, including a copy of the gift provisions for the Foundation and contact information for your personal representative or trustee. RHF understands the value and type of your gift may change depending upon the circumstances and would appreciate notification of such changes as they occur. Any documents or information you share will be kept confidential.