

# Statement of Intent for a future (estate) gift

PO Box 3988 | Carbondale, IL 62902-3988  
618.457.5200 ext 67843  
www.sih.net/foundation  
sihfoundation@sih.net

As evidence of my/our desire to provide a legacy of support to the SIH Foundation, I/we hereby inform the SIH Foundation that I/we have made provision for a gift to the SIH Foundation in my/our estate plan. I/we understand that this commitment is revocable and can be modified by me/us at any time.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

## Description of Gift (Type/Value)

Bequest through Will or Revocable Trust

Percentage of Estate \_\_\_\_\_  Specific Amount \$ \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Charitable Lead Trust

Charitable Remainder Trust

IRA or Retirement Plan (please describe) \_\_\_\_\_

Other (please describe) \_\_\_\_\_

I/We  have provided  will provide to the SIH Foundation a copy of the portion of my/our will(s) or other instrument that pertains to the SIH Foundation.

With the understanding that values are subject to change, at the time I/we estimate the value of my/our gift to be approximately \$ \_\_\_\_\_ in today's dollars. I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I/we may choose to add, subtract or revoke this bequest at any time, at my/our sole discretion.

## Purpose of Future Gift

This gift is to be unrestricted and may be used where the need is greatest at SIH.

I/We wish to specify that this gift be used for the following purpose(s):

### SIH Patient & Community Support Funds

Camp BETA - Youth Diabetes Fund

Coach Kill Cancer Fund

Patient Care Fund

### SIH Facilities

SIH Cancer Institute

SIH Herrin Hospital

SIH Memorial Hospital of Carbondale

SIH St. Joseph Memorial Hospital

Trauma Center at SIH Memorial Hospital of Carbondale

Other (please specify)

## Donor Recognition

I/We accept membership into the SIH Foundation Legacy Society (recognition society for deferred gift donors).

Please do not publish my/our names in the annual list of donors.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Please remove me from your mailing list (fill in name for removal).



**Thank you for your support of the SIH Foundation!** The SIH Foundation and its employees do not provide tax or legal advice. Prospective donors should consult with their legal and financial advisors regarding estate planning.