

Confidential Statement of Intent



Legacy Society

The Legacy Society was created to recognize those generous and visionary individuals who have included St. Dominic Health Services Foundation in their estate plans. They are providing long term and critical support, and it is on this support that the future of St. Dominic's rests.

Please return completed form or direct any questions to:

Kay McRee, FCEP
Chief Development
Officer and Executive
Director
601.200.6910
kmcree@stdom.com

For accuracy and efficiency, all documents should reflect that gifts are made to St. Dominic Health Services Foundation.
969 Lakeland Drive
Jackson, MS 39216
Tax ID: 43-1992975

I am pleased to accept membership into the Legacy Society at St. Dominic Health Services Foundation. I understand that my membership is based on the following confidential information.

I have included St. Dominic Health Services Foundation in my will or living trust.

I have included St. Dominic Health Services Foundation as a beneficiary of a:

- Will/Revocable Trust: _____ % OR \$ _____
 Outright Gift of: Cash Stock Property
 Life Insurance \$ _____ (current face amount)
 Pension Plan (IRA, 401K) Remainder \$ _____

The approximate amount of my/our gift is \$ _____
(Not required. However, it is helpful for St. Dominic's to be aware of your goals in our planning)

OR

I intend to include St. Dominic Health Services Foundation, but have not completed the appropriate documentation. Please contact me on (date) _____ for verification.

St. Dominic Health Services Foundation is a beneficiary of:

- an insurance policy my retirement plan(s) other (please explain below)

My gift has been designated to benefit the following area(s) at St. Dominic Health Services Foundation:

St. Dominic's:

- General Fund for the greatest area of need
 Existing Fund – Name the Fund: _____
 Create a new Named Fund with my gift to be named as follows:
Name the Fund: _____

Our Executive Director will follow up with you to obtain more details so that we can ensure that your gift is administered properly.

St. Catherine's Village:

- Dominican Fund
 General Fund for the greatest area of need

The gift is from:

Name _____ DOB _____
(as you would prefer to be listed in acknowledgements – Mr. & Mrs. John Doe, John and Sue Doe, Sue & John Doe, etc.)

Other Donor (such as spouse) _____ DOB _____

Another name that we may have on file _____

Home Address _____

City/State/Zip _____

Business Telephone: _____ Cell: _____

E-mail(s): _____

Your gift always remains confidential. St. Dominic Health Services Foundation Legacy Society in appropriate publications unless otherwise instructed by you. Your example may inspire others to give generously as well.

I (we) wish to remain anonymous.

Signature _____ Date _____

Signature _____ Date _____