

# Statement of Intent for a future (estate) gift

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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 Trust (select one)  Unitrust  Annuity Trust  Lead Trust

Charitable Gift Annuity (select one)  Immediate  Deferred

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
- Cancer Care Patient Support Fund
- Coach Kill Fund
- Family Friendship Fund
- Outpatient Clinic Critical Need 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Please do not publish my/our names in the annual list of donors.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 \_\_\_\_\_



**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.