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## STATEMENT OF INTENT FOR A FUTURE (ESTATE) GIFT

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 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):		
<ul><li>Bequest through will or revocable trust</li><li>Percentage of estate</li></ul>	□ Specific amount \$	
☐ Other (please specify)		
☐ Charitable Trust (select one) ☐ Unitrust	☐ Annuity Trust ☐ Lead Trust	
☐ Charitable Gift Annuity (select one) ☐ Imr	mediate 🗖 Deferred	
☐ IRA or Retirement Plan (please describe)		
☐ Other (please describe)		
I/We ☐ have provided ☐ will provide to the SIH Fo pertains to the SIH Foundation.	undation a copy of the portion of my/our will(s) or other instrument that	
approximately \$ in today's dollar	hange, at the time I/we estimate the value of my/our gift to be ars. I/we understand that, by stating an amount, my/our estate is not se to add, subtract or revoke this bequest at any time, at my/our sole	
PURPOSE OF FUTURE GIFT		
$\Box$ This gift is to be unrestricted and may be used $v$	where the need is greatest at Southern Illinois Healthcare.	
☐ I/We wish to specify that this gift be used for the	e following purpose(s):	
SIH Patient & Community Support Funds:  Cancer Care Patient Support Fund Coach Kill Fund Family Friendship Fund	SIH Facilities:  Herrin Hospital  Memorial Hospital of Carbondale  St. Joseph Memorial Hospital  SIH Cancer Institute	
☐ Other (please specify)		
DONOR RECOGNITION		
☐ I/We accept membership into the SIH Legacy S☐ Please do not publish my/our names in the annual	ociety (recognition society for deferred gift donors). ual list of donors.	
DONOR SIGNATURE:	DATE:	
DONOR SIGNATURE:	DATE:	

THANK YOU FOR YOUR SUPPORT OF THE SIH FOUNDATION!