



Planned Gift Intention Form

Name _____ Date of Birth _____

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Organization Name (If Applicable) _____

Mailing Address _____

City, State, ZIP Code _____

Home/Office Phone _____ Cell _____

Email _____

For recognition purposes, please indicate exactly how you would like your name(s) to appear:

As an expression of my/our commitment to the mission of Holy Cross Health (HCH), I/we am/are pleased to inform HCH of my/our intention to help provide for the future of the hospital with a deferred gift incorporated into my estate or financial plans.

I/We understand that this gift is revocable and can be changed at any time. I/We further understand that I/we am/are not legally obligated to fulfill this intention if I/we choose to modify or cancel my/our gift at a future date. I/We will inform Holy Cross Hospital if I/we change my/our intent toward the organization or if the value of my/our gift significantly increases or decreases.

Legacy Gift Intention:

I/We have named Holy Cross Hospital, Inc. as a beneficiary of my/our: *(Please check the boxes that apply below)*

- Will/Living Trust Life Insurance Policy Charitable Remainder Trust Annuity
- Retirement Savings/IRA Other (please explain) _____

My/Our planned gift is designated to:

- Unrestricted to provide flexibility for Holy Cross Hospital to pursue its mission.
- Restricted for the following priority (please consult with HCH if you are considering a restricted gift as we want to honor your intention): _____

The approximate dollar amount or percentage of our gift is: \$ _____

(The amount is optional, but helps HCH with future planning)



Please check the boxes that apply below:

- I/We wish to remain anonymous.
- I/We have attached supporting documentation.

Additional Details (Optional):

Signature _____ Date ____/____/____

Signature _____ Date ____/____/____

All planned giving donors qualify for inclusion and recognition in Holy Cross Health's Giving Societies. This is our way of thanking and recognizing you for your contributions to our work.

Please help us ensure your intent is fulfilled by attaching copies of the appropriate document describing the gift above.

Please return this completed form to:

Holy Cross Health
Office of Development
4725 North Federal Highway, Fort Lauderdale, FL 33308
954-542-8562
Donations@Holy-Cross.com
www.HolyCrossDonations.com