



Friends for Life Society Declaration of Intent

Membership in the Friends for Life Society is reserved for individuals who have made a provision for Marquette General Health System in their estate plans

As a sign of my/our commitment to Marquette General Health System, I have made estate provisions to support MGHS through:

- Will
- Charitable Gift Annuity
- Life Insurance Policy
- IRA/Other Retirement Assets
- Trust
- Charitable Remainder Trust

Optional: Percentage _____ (confidential)
 In the approximate amount of \$ _____ (confidential)
 Other _____ (confidential)

- I/We have included a copy of the portion of my/our estate document that names the Marquette General Foundation as a beneficiary. I/We understand that it will be kept in a confidential file.
- I/We give permission to list my/our name(s) as a member of the Friends for Life Society with the understanding that the amount of my/our planned gift will be held in the strictest of confidence. Please enter my/our name(s) as: _____
Name of donor (and of spouse, unless requested otherwise) to be placed on certificate and on the annual report listing

I/We wish to direct my/our support to the following:

- Area of greatest need
- Other: _____

This Declaration of Intent is an expression of my/our present plans and is subject to change or modification by me/us.

Date Signature

Signature

- I/We wish to keep my/our gift anonymous

The undersigned, being duly authorized representatives of Marquette General Health System, do hereby acknowledge this gift.

Planned Giving Manager President, Marquette General Foundation Date