MARQUETTE GENERAL FOUNDATION

Friends For Life Society
Declaration of Intent

Membership in the Friends for Life Society is reserved for individuals who have made a provision for the Marquette General Foundation (MGF)/Marquette General Health System (MGHS) in their estate plans.

DONOR INFORMATION

NAME (S)

ADDRESS (CITY/STATE/ZIP)

HOME PHONE

CELL PHONE

HOME EMAIL ADDRESS

WORK EMAIL ADDRESS

ESTATE PROVISIONS

AS A SIGN OF MY/OUR COMMITMENT TO MGF/MGHS, I HAVE MADE ESTATE PROVISIONS TO SUPPORT MGF/MGHS THROUGH:

- ☐ WILL
- ☐ TRUST
- ☐ CHARITABLE GIFT ANNUITY
- ☐ CHARITABLE REMAINDER TRUST
- ☐ LIFE INSURANCE POLICY
- ☐ IRA/OTHER RETIREMENT ASSETS

THE INFORMATION PROVIDED IN THIS SECTION IS OPTIONAL AND WILL REMAIN CONFIDENTIAL

PERCENTAGE _____

IN THE APPROXIMATE AMOUNT _____

OTHER _____

☐ I/WE HAVE ENCLOSED 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 LIST OUR NAME(S) AS:

_____

NAME OF DONOR (AND SPOUSE UNLESS REQUESTED OTHERWISE)

☐ I WOULD LIKE MY GIFT TO REMAIN ANONYMOUS

SPECIAL INSTRUCTIONS

GIFT DESIGNATION

- ☐ **AREA OF GREATEST NEED**
- ☐ BEHAVIORAL HEALTH
- ☐ BRAIN TUMOR CENTER
- ☐ CANCER CENTER
- ☐ ED/TRAUMA/EMS (CIRCLE ONE)
- ☐ HEART INSTITUTE
- ☐ HEMODIALYSIS
- ☐ HOME HEALTH & HOSPICE
- ☐ HOSPITALITY PROGRAM
- ☐ NURSING EDUCATION
- ☐ REHABILITATION CENTER
- ☐ WOMEN'S & CHILDREN'S CENTER

HONORARIUMS/MEMORIALS

☐ IN *HONOR* OF _____

☐ IN *MEMORY* OF _____

SIGNATURES

THIS DECLARATION OF INTENT IS AN EXPRESSION OF MY/OUR PRESENT PLANS & IS SUBJECT TO CHANGE OR BE MODIFIED DEPENDENT ON GIFT TYPE.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

THE UNDERSIGNED, BEING DULY AUTHORIZED REPRESENTATIVES OF MARQUETTE GENERAL FOUNDATION, DO HEREBY ACKNOWLEDGE THIS GIFT.

SIGNATURES _____ _____ DATE _____

PLANNED GIVING MANAGER — PRESIDENT

FORWARD TO MARQUETTE GENERAL FOUNDATION BY MAIL AT 580 W. COLLEGE AVENUE, MARQUETTE, MI 49855

FOR MORE INFORMATION OR QUESTIONS, CALL (906) 225-6914.