CONFIDENTIAL INTENTION FORM

Atrium Health Floyd

Dear Donor,

We realize that many people who plan to support Floyd Healthcare Foundation through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

Lauren Adams
Floyd Healthcare Foundation Director
Floyd Healthcare Foundation
Phone: (706) 509-3294
Email: Ladams@floyd.org

Planned Gift Notification- Confidential

Personal Information

Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date(s) of Birth: _____

Your Gift Intention

Please provide the following information and attach a copy of the documentation or appropriate language from your will or trust, if available. Please complete all that apply.

☐ I/We want to support the mission of Floyd Healthcare Foundation through a planned gift as described below:

- ☐ I/We have included a bequest for The Foundation in my/our will or living trust.
- ☐ I/We have named The Foundation as a beneficiary of an asset:
  - ☐ Retirement Plan
  - ☐ Bank, Investment, or Other Financial Account
  - ☐ Life Insurance Policy
  - ☐ Other: _____
- ☐ I/We have named The Foundation as a revocable/irrevocable *(circle one)* beneficiary of a charitable remainder trust.

The anticipated value of my/our gift is/will be approximately $ _____ or _____ % of my/our estate. *(If possible, please include a copy of the bequest language or other wording describing your planned gift.)*

Please provide a general description of the gift provision *(such as, asset to be donated if other than cash or securities, how gift is to be used, whether gift is to create an endowment, etc.)*:

_____

_____

_____

☐ Yes, you may include me/us in listings of planned gift donors.

Please indicate how you would like your name(s) to appear in our **Heritage Society** listings. *(Please note the amount of your intended gift will not be published)*:

_____

☐ No, please do not include me/us in listings.

Signature(s): _____

_____

Date: _____

Return form to:
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Floyd Healthcare Foundation
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Email: Ladams@floyd.org