



Declaration of Legacy Gift Intent

I/We are pleased to inform you of a planned gift to benefit Methodist Richardson Medical Center Foundation. I/We understand that this commitment is revocable and can be modified at any time. I/We also understand that Methodist Richardson Medical Center Foundation is not providing legal or tax advice to me/us concerning this, or any other planned gift.

Donor Name

Recognize As

Address

City, State, Zip

e-mail address

Phone

This section on value is optional

Gift by Will

Outright bequest

Residual bequest (____% of my estate)

Gift of Property

Please describe:

Designation of Retirement Plan Assets

Designation of Life Insurance Policy

Charitable Trust

Irrevocable

Revocable

Other

Please describe:

Estimated value of outright bequest: \$ _____

Estimated value of residual bequest: \$ _____

Current Value of Property: \$ _____

Estimated value of retirement plan gift: \$ _____

Estimated value of life insurance policy: \$ _____

Estimated value of irrevocable trust: \$ _____

Estimated value of revocable trust: \$ _____

Estimated value of other gift: \$ _____

Designation (general operations or endowment): _____

If our gift equals \$25,000 or more, we are happy to be recognized as members of the Heritage Society.

I/We would like our legacy gift to remain anonymous.

This Declaration of Intent is an expression of my/our present plan and is subject to revocation or modification at any time. This is not a legally binding document.

Signature and Date

Signature and Date

Please return form to Methodist Richardson Medical Center Foundation, 2831 E. President George Bush Highway, Richardson, TX 75082 or scan and send to richardsonfoundation@mhd.com.

Methodist Richardson Medical Center Foundation is a 501 (c) (3) organization. Our EIN is 75-1788520.