

Planned Gift Pledge Form

As evidence of our desire to provide a legacy of support to Johnson Health Center (JHC), we hereby inform that we have made a provision for a gift in our estate plans.

It is our intent to leave a legacy gift to Johnson Health Center through a:

- Will Living Trust Retirement Plan Assets
 Charitable Remainder Trust Life Insurance Policy Other

Please provide a copy of all documentation for JHC to keep on file.

We wish to inform JHC for long-term purposes only that, as of this date, the value of our gift is approximately \$_____ or _____%.

(If gift is a percentage of your estate, please indicate the approximate value of that percentage.)

We understand that, by stating an amount, our estates are not legally bound by this statement, and we may choose to add, subtract, or revoke this bequest at any time, at our sole discretion.

JHC kindly requests notification any time you make changes or adjustments to your gift.

We agree to have our names published on lists of legacy donors as motivation for others to leave legacy gifts to benefit JHC. (Note: The amount of your gift will not be published and remains confidential).

We wish to remain anonymous. (Note: The amount of your gift will not be published and remains confidential).

If wishing to be published, list your names as you would like them printed:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donor Signature: _____

Signature Date: _____