

Art of Giving Society Declaration of Future Intent

Thank you for your intention to include Corewell Health Foundation West Michigan in your estate plan. We ask that you complete this form with as much detail as you are willing to share, as it is important to document your intent so that we can appropriately honor your gift. Any information about your gift will remain confidential and does not create a binding obligation.

New intention **Updated** intention

Personal Information

Name		Date of Birth	
Spouse's Name		Date of Birth	
Street	City	State	ZIP
Email Address	Home Phone	Cell Phone	

Gift Information

I/We have provided a gift to Corewell Health Foundation West Michigan as set forth in my/our:

- | | |
|---|--|
| <input type="checkbox"/> Will or Living Trust | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Retirement Plan Beneficiary Designation
(IRA, 401k, 403b, Keogh) | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Other Beneficiary Designation (Donor Advised Fund,
Brokerage Account, Checking/Savings Account, etc.) | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Other Asset(s) (please describe): _____ |
- Corewell Health Foundation West Michigan is a contingent beneficiary of the indicated asset above (please explain):

Gift Value

Please note that providing this information is a voluntary, non-binding, and confidential disclosure.

The current estimated value of my/our gift is \$_____ or _____%.

If a percentage is given, what is the current estimated value of the percent in today's dollars? \$_____

Gift Purpose

- It is my/our intention that our future gift be **undesignated** to support the greatest need.
- It is my/our intention that our future gift be **designated** to the following area: _____

- I/We would like to speak with someone from the Foundation to discuss how to direct my/our gift for the greatest impact.
- I/We would like to establish a named endowment with my/our future gift.

Recognition Preference

Donors who provide a planned gift to benefit Corewell Health Foundation West Michigan will be welcomed into the Art of Giving Society.

- I/we prefer no public recognition.
- Please list my/our name(s) as follows: _____

Please continue to the reverse side to complete the form.

Estate Contact Information

Although optional, the following information is very helpful.

Executor/Trustee (if your gift is through a will and/or living trust)

Name

Street City State ZIP

Email Address Phone

Administrating Company (such as TIAA, Fidelity, etc., if your gift is through a retirement account or life insurance policy)

Name

Street City State ZIP

Email Address Phone

Additional Contact/Relationship (family member, attorney, etc.)

Name

Street City State ZIP

Email Address Phone

Signature(s)

I/We understand that I/we are not making a legal, or binding, commitment upon my/our estate by submitting this form, and any details about my/our gift will remain confidential. Furthermore, Corewell Health Foundation West Michigan understands that the size of my/our future gift may differ from the amount estimated above for the purposes of valuation. If for any reason in the future the Foundation is no longer included in my estate plan, I/we will notify the Foundation so that their records can be updated and my/our names can be removed from the Art of Giving Society.

Signature 1 Date

Signature 2 Date

Please return this form directly to your Foundation contact or to:

Corewell Health Foundation West Michigan | 25 Michigan St. NE, Suite 4100 | Grand Rapids, Mich. 49503
foundation@spectrumhealth.org | 616.391.2000



Learn more about planned giving opportunities at:

spectrumhealth.org/planned-giving

