

# Art of Giving Society Declaration of Future Intent

Thank you for your intention to include Spectrum Health Foundation 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 Spectrum Health Foundation 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<br>(IRA, 401k, 403b, Keogh)                                      | <input type="checkbox"/> Charitable Remainder Trust              |
| <input type="checkbox"/> Other Beneficiary Designation (Donor Advised Fund,<br>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): _____ |

Spectrum Health Foundation 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 the Spectrum Health Foundation 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)

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Name

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Street City State ZIP

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Email Address Phone

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

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Name

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Street City State ZIP

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Email Address Phone

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

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Name

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Street City State ZIP

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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, Spectrum Health Foundation 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.

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Signature 1 Date

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Signature 2 Date

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

Spectrum Health Foundation | 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](https://spectrumhealth.org/planned-giving)

