

Confirmation of Estate Gift

Thank you for your gift to support HonorHealth. This Confirmation of Estate Gift form provides the necessary information for HonorHealth Foundation’s management of your charitable deferred gift, and is a record of your intention for future use.

Your signature verifies accuracy of information on the date signed. Details and monetary value of deferred gifts change over time; if possible, please inform HonorHealth Foundation staff of substantive changes.

Gift Purpose:

- My/Our gift is designated for the HonorHealth Greatest Needs fund (account# 40582).
My/Our gift is designated for the following purpose(s):

I/we understand that in the event that it is no longer feasible for a Fund to be used as specified in an executed Agreement because the Fund is restricted to supporting a program, project, service, or facility that is no longer viable, has become obsolete, or is discontinued, HonorHealth Foundation (HHF) must obtain documentation indicating such and thereafter may transfer any remaining fund balance to the HonorHealth Greatest Needs fund (account# 40582), and expend the funds according to the purpose of the HonorHealth Greatest Needs fund, unless otherwise mutually agreed upon in writing by the donor and President of HHF. In the event of an alternate application of the Fund, HHF and Beneficiary will continue to recognize the original contribution appropriately.

Type of Gift:

Please attach a copy of supporting documentation of the gift and check here when completed

- Bequest (Select type) Specific Amount Specific Percentage % Residual Contingent
Life Insurance Revocable Trust Retirement Account Designation
Life Insurance Beneficiary Charitable Gift Annuity Charitable Legacy Fund (Donor-advised)
Charitable Remainder Trust Deferred Gift Annuity
Charitable Remainder Annuity Trust Other

Good Faith Estimate of the Gift Value \$

Donor(s) and Preferred Method of Communication:

Select One: Phone (accepts text messages) Yes No Mail Email

Address
City, State Zip Phone
Email (Business Cell Home)
Signature Date
Printed Name
Date of Birth

Select One: Phone (accepts text messages Yes No) Mail Email

Address _____
City, State Zip _____ Phone _____
Email _____ (Business Cell Home)
Signature _____ Date _____
Printed Name _____
Date of Birth _____

Legacies of Distinction:

To honor your charitable intent, you will be included as a member of Legacies of Distinction (LOD). HonorHealth Foundation created LOD to recognize donors who choose to include HonorHealth in their estate plan. Your name will be listed among other LOD members in the Foundation's annual report, and on our digital walls of honor so that others may be inspired to follow your example.

Please recognize me/us as follows in Legacies of Distinction: I/We prefer to remain anonymous.

Examples: Mr. and Mrs. John Williams - Mary and John Williams - The John Williams Family

Printed Name _____
HonorHealth Foundation Gift Officer
Signature _____ Date _____
Printed Name Jared A. Langkilde
Title President and CEO, HonorHealth Foundation

Thank you for your generous support!

Please return completed forms to:

8125 N. Hayden Rd., Scottsdale, AZ 85258 • 480.587.5000
give.HonorHealth.com
HonorHealth Foundation is a not-for-profit 501(c)(3) organization