

# Charitable Bequest Intention Form



The Legacy Society recognizes those who have made a planned gift – such as a bequest – to Rochester Regional Health.

Please fill out this form to notify Rochester Regional Health Foundations of your intent to provide support to **Clifton Springs Hospital & Clinic** through a bequest. This is for informational purposes only – your estate is not legally bound by submitting this statement. Your commitment remains revocable and can be modified at any time. The information you provide is only for record-keeping purposes and will be held in the strictest of confidence.

## Donor Information

Name(s): \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

For formal recognition, please list me/us as follows: \_\_\_\_\_

I/We prefer that this planned gift remain anonymous

## Bequest Intentions

As evidence of our desire to support our community's healthcare, I/we wish to disclose that Rochester Regional Health Foundations has been named in my/our estate plans. As of this date, \_\_\_\_\_, the approximate value of my/our gift is \$ \_\_\_\_\_.

(If your gift is a percentage of your estate, please estimate the present value of the percentage.)

My/Our gift should be used for:

- Unrestricted Support**, or wherever the need is greatest when my/our bequest is realized
- Restricted Support**, or toward a specific purpose as I/we have indicated below:

Donor Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**ROCHESTER**  
**REGIONAL HEALTH**

Please return this form to:  
Rochester Regional Health Foundations  
330 Monroe Avenue, Suite 400  
Rochester, NY 14607

*Thank you for supporting Rochester Regional Health!*