

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 **Newark-Wayne Community Hospital** 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!