

Thank you for your intention to include Piedmont Healthcare in your estate plan.
Please complete this form with as much detail as you are willing to share. All
information about your gift will remain confidential.

Donor Information

Donor name(s) (You will be recognized with your spouse unless you specifically indicate otherwise:

Include my spouse/partner Do not include my spouse/partner

Spouse/partner name

Mailing Address City State Zip Code

Home Phone Cell Phone Preferred E-mail Address

Relationship(s) with Piedmont Healthcare *(please check all that apply)*

Board of Directors <i>(current or past)</i>	Physician or Medical Staff	Volunteer
Patient <i>(current or past)</i>	Employee/Former Employee	Friend

Gift Information

I/we have made provision(s) to benefit the Piedmont Healthcare Foundation in the following manner(s):

Bequest (in Will or Trust):

Dollar amount
Stock or property
Percentage

Beneficiary Designation:

Retirement Account
Life Insurance Policy Bank
Account (POD)
Investment Account (TOD)

Other Gift Type:

Charitable Gift Annuity
Charitable Lead Trust
Charitable Remainder Trust
Other: _____

Gift Designation

To ensure the appropriate designation of your legacy gift, the following section is preferred but optional. If possible, please attach a copy of the relevant language from your estate documents confirming the Piedmont Healthcare Foundation is included in your estate plans.

Today's estimated value of my/our future gift to the Foundation is approximately \$ _____ .

Hospital or Department: _____

The gift is: Unrestricted

Restricted as follows: _____

Donor Recognition Preferences

All donors of future gifts become members of the Piedmont Legacy Society. To ensure your recognition preferences are honored, please select one of the options below:

Piedmont Healthcare has my permission to publish my/our name(s) in the Annual Report, other publications and on its website as appropriate.

Listing Preference: _____

Please **do not publish** my/our name(s) in the Annual Report, other publications or on the website.

Acknowledgement

For gift crediting purposes, I (we) should notify the Piedmont Healthcare Foundation if changes are made to my (our) estate plan(s) that will affect the above provisions. It is understood that all bequest and beneficiary designations stated herein are revocable and are not binding upon my (our) estate(s).

If in the judgment of the Piedmont Healthcare Foundation changed circumstances should at some future time render the designated use of this gift no longer appropriate and the donor or his/her descendants are unavailable, then the foundation shall make a recommendation to Piedmont Healthcare Foundation Board of Directors to change the purpose of the fund that furthers the objectives and purposes of Piedmont Healthcare, giving consideration to the Donor(s) expressed interest.

_____	_____	_____
Donor signature	Date	Birth Date

_____	_____	_____
Spouse/partner signature	Date	Birth Date