

As an indication of my/our support for the Winter Haven Hospital Foundation (WHHF), I/we am/are pleased to report that I/we have made a beneficiary designation or other estate provision for the benefit of the WHHF via the following gift vehicle:

- | | | |
|--|---|--|
| <input type="checkbox"/> Will/Trust – outright bequest | <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Will/Trust – surviving spouse | <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Retirement/Investment Account | <input type="checkbox"/> Charitable Remainder Trust | _____ |

General Description of Gift Provision (percentage, named asset, type, trustee, etc.)

It is understood that values are subject to change, but I/we estimate the present value of my/our provision to be approximately \$_____.

I/we wish my/our future gift proceeds to be used for (check one):

- The area of greatest need when funds are received.
 Other (Please specify the area of health care, department, program, etc.): _____

The proceeds of the gift once received should be considered (check one): Spendable for current use Endowed in perpetuity

It is understood that these statements and intentions are made to assist the Winter Haven Hospital Foundation in projecting future financial support and gift expectancies, but that this declaration is not a binding legal obligation upon the donor(s) or the donor(s)' estate(s) as to the value or receipt of the provision(s) herein revealed and described. I/we agree to notify the Foundation should I/we make changes to this planned gift.

Check one:

- A copy of the provision is attached. A copy of the provision is forthcoming.
 I/we prefer to keep a copy of the provision confidential at this time.

Acknowledgement of Planned Gift (Please check all that apply):

This notice should be considered:

- A new intention OR An update to a previously recorded intention
 Please enroll me/us in the Foundation's Legacy Society. OR I/we prefer that this planned gift remain anonymous.
 I/we authorize the release of this gift for acknowledgement for internal/external publicity or communications in an effort to inspire others to support the mission of the WHHF.

My/our name(s) should appear as follows in donor listings or acknowledgements (please print):

Signature(s)

Signed: _____ Date: _____ Date of birth: _____

Signed: _____ Date: _____ Date of birth: _____

Mailing address: _____

Phone: _____ Email: _____

Return to:

Elizabeth A. Ponder - Sr. Director of Major and Planned Gifts - Winter Haven Hospital Foundation
200 Ave. F N.E., Winter Haven, FL 33881 | (863) 297-1781 | Email: elizabeth.ponder@baycare.org