

# Legacy Giving

Securing health education for future generations.



Thank you for including McMillen Health in your estate planning, In order to ensure your legacy is fulfilled as you intend, please share your wishes by completing the following form. Your information will remain private and will help McMillen Health project future financial support.

**}} As an indication of my/our support for McMillen Health, I am/we are pleased to report that I/we have made a gift as follows:**

- |   |  |
|---|--|
| <input type="checkbox"/> Bequest - provision in a will or estate plan | <input type="checkbox"/> Charitable Remainder Trust  |
| <input type="checkbox"/> Cash Gift                                    | <input type="checkbox"/> Life Insurance              |
| <input type="checkbox"/> Securities                                   | <input type="checkbox"/> Pooled Income Fund          |
| <input type="checkbox"/> Personal Property                            | <input type="checkbox"/> Retirement Plan Beneficiary |
| <input type="checkbox"/> Charitable Gift Annuity                      | <input type="checkbox"/> Real Estate                 |
| <input type="checkbox"/> Charitable Lead Trust                        | <input type="checkbox"/> Other                       |

**}} I/We estimate that the current value of my/our provision for McMillen Health is \$ \_\_\_\_\_<sup>.00</sup>  
McMillen Health recognizes that values are subject to change and this estimate does not constitute a legal binding agreement.**

**My/Our gift is designated for the following purpose(s):**

**}} I/We would like to be recognized as follows:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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