



Estate Gift Form

Whether small or large, your gift will make a difference in the lives of those receiving services through Daviness Community Hospital. The generosity of an estate gift to Daviness Community Hospital Foundation can touch lives in our community for generations to come. Let us recognize your generosity during your lifetime. Please print this form, fill it in, and mail it to Daviness Community Hospital Foundation, 1314 East Walnut, Washington, IN 47501, or call (812) 254-8858 with any questions.

DONOR INFORMATION:

Name: _____ Check here if you wish to remain ANONYMOUS.

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

GIFT AMOUNT (or best estimate of the current value of this gift): \$ _____

This gift is unrestricted. Designate for: _____

LEGAL FORM OF GIFT:

I/We have made a provision for Daviness Community Hospital Foundation in my/our estate plans. The gift is described as:

- A gift in my/our will
- A trust
- A life insurance policy
- A gift of securities
- A gift as a beneficiary of my retirement plan (IRA, 401k, 403b, etc.)
- Other: _____

It is understood that this information is for Daviness Community Hospital Foundation records only. It is not legally binding upon you or your estate as to the ultimate receipt or value of any future gift.

Signed: _____ Date: _____

Signed: _____ Date: _____

ABOUT DAVIESS COMMUNITY HOSPITAL FOUNDATION:

Daviness Community Hospital Foundation is a not-for-profit 501(c)(3) organization.
All gifts are tax deductible as allowed by law. Please consult your financial advisor.

Community is our middle name