

Planned Gift Intention Form

Please complete the following so that we can properly recognize and acknowledge your planned gift to Atrium Health Foundation.



PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Partner/Spouse's Name (if applicable) _____ Date of Birth: _____

Address: _____ Phone: _____

Email(s): _____

EVERGREEN SOCIETY

Please recognize me/us in Evergreen Society as:

I/we wish to remain anonymous.

PLANNED GIFT

Will Living/Revocable Trust Irrevocable Trust Life Insurance

Designated Beneficiary of: _____

DESCRIPTION

A specific amount: \$ _____ A gift of a specific asset _____

A percentage of the residuary of my estate, trust or retirement plan, _____ %

Please add any details you wish to share: _____

All information provided will be kept in the strictest confidence and will be used for internal planning purposes only. We understand that you may need to use estimates rather than exact figures. Atrium Health Foundation acknowledges that the future value of the gift may be significantly different than the original value.

PURPOSE

This is an unrestricted gift. This gift is designated for: _____

I/we understand the Planned Gift Intention Form is not legal or binding. If our planned gift should change, we will notify the Foundation.

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE RETURN TO:
Atrium Health Foundation
208 East Boulevard
Charlotte, NC 28203
Phone: 704-355-0844

