

LETTER OF INTENT FOR A FUTURE GIFT

Immanuel St. Joseph's Foundation

Mayo Health System

Please complete both sides of this form.

As evidence of desire to provide a legacy of support to Immanuel St. Joseph's, I hereby inform Immanuel St. Joseph's Foundation that I have made a provision for a gift to the Foundation in my estate plans. I understand that this commitment is revocable and can be modified by me at any time.

Name(s)

Address

City

State

Zip

Phone

Fax

E-mail

It is my intent to leave a legacy to Immanuel St. Joseph's Foundation through my:

Will

Retirement Plan Assets

Life Insurance Policy

Living Trust

Charitable Remainder Trust

Charitable Gift Annuity

Charitable Lead Trust

Gift of Real Estate

Other _____

I wish to inform Immanuel St. Joseph's Foundation, for long-term planning purposes only, that as of this date, the value of my gift is \$ _____. * I understand that by stating an amount, my estate is not legally bound by this statement and I may choose to add, subtract, or revoke this intention at any time, at my sole discretion.

**We hope that you will share the approximate amount of your gift with us so that the benefiting program will know of your generosity and be able to recognize you appropriately. It is also helpful for us to have on file any supporting documentation that you may be able to share with us. Such documentation might include a copy of the relevant pages of your Will or your beneficiary designation form. Please attach if possible. Additionally, Immanuel St. Joseph's Foundation requests notification any time you make changes or adjustments to your gift.*

It is my desire that this gift be used in the following manner:

Where the need is the greatest; or

To benefit the following program _____

Members of the Legacy Society of Immanuel St. Joseph's Foundation help to sustain the compassionate and healing mission of the hospital through increased planned giving to the Foundation.

Please enroll me in the Legacy Society of Immanuel St. Joseph's Foundation under the following conditions:

- Feel free to publish my name among your list of Immanuel St. Joseph's Foundation members as motivation for others to leave a future gift to benefit Immanuel St. Joseph's Foundation. My name should be listed as
(Please Print) _____ .
- Please list my name internally on the Immanuel St. Joseph's Legacy Society Recognition Wall only (*No outside publication*).
- I would like this to be an anonymous gift. Please do not list my name either internally or externally.

Date _____ Donor Signature _____

Date _____ Donor Signature _____

Please return this completed for to:

Immanuel St. Joseph's Foundation
1125 Mulberry Street
P.O. Box 8673
Mankato, MN 56002-8673
Telephone: 507-385-2932
Toll Free: 800-327-3721
Fax: 507-385-6350
E-mail: www.isjfoundation.org