



Letter of Intent for Estate Gift

I/we desire to provide for the future well-being of Allegheny Health Network through a provision in my/our estate plans, and with this letter we are informing Allegheny Health Network of our plans. I/we understand that this future commitment can be revoked or modified by me/us at any time.

Name

Name

Address, City, State ZIP

Phone

Fax

E-mail address

I/we have made a provision to leave a legacy to Allegheny Health Network through my/our:

____ Will

____ Retirement plan or IRA

____ Trust

____ Life insurance policy

____ Charitable gift annuity

____ Other _____

I/we wish to inform Allegheny Health Network, for long-term planning purposes only, that the current value of my/our future gift is \$ _____. (This amount is kept confidential; if your gift is a percentage of your estate, please indicate the approximate value.) I/we understand that by stating an amount me/our estate is not legally bound by this statement and that I/we may choose to add, subtract or revoke this bequest at any time, at my/our sole discretion.

Recognition (choose one)

____ You may publish my/our names in your lists as a motivation for others to leave a future gift to benefit Allegheny Health Network.

____ I/we do not want my/our names published.

Signature

Date

Name

Name

Note: Allegheny Health Network suggests that all individuals be advised by attorneys in the execution of their estate plans.