



## 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.