

CONFIDENTIAL INTENTION FORM



It is my/our pleasure to inform you that I/we have named Calvary Hospital as a beneficiary of a gift from me/us or my/our estate to further the mission of Calvary. I/We understand that this commitment is a non-binding expression of our future intent and can be modified or revoked by me/us at any time without the consent of Calvary Hospital and without notifying Calvary unless you wish to do so. This signifies my/our intention to make a gift through my/our estate plan.

The anticipated value of my/our gift is/will be approximately \$_____ or _____% of my/our estate. (If possible, please include a copy of the bequest language or other wording describing your planned gift.)

We do not wish to specify the details about the size of my/our gift.

Please provide a general description of the gift provision (such as, asset to be donated if other than cash or securities, how the gift is to be used, whether the gift is to be restricted, etc.):

How would you like Calvary to use your gift?

(e.g., a particular part of the hospital; a care specialty; education and training; etc.)

My/our gift is in honor of: _____

Relation to you: _____

I/We want to support the mission of Calvary Hospital through a planned gift as described below:

I/We have included a bequest for Calvary in my/our will or living trust.

I/We have named Calvary as a beneficiary of an asset:

Retirement Plan

Life Insurance Policy

Bank, Investment, or Other Financial Account

Other: _____

I/We have named Calvary as a revocable/irrevocable (circle one) beneficiary of a charitable remainder trust.

Signature

Date

Signature

Date

RECOGNITION OF YOUR GIFT:

- Yes, you may include me/us in listings of planned gift donors.
Please indicate how you would like your name(s) to appear in our Society of 1899 listings. (Please note the amount of your intended gift will not be published):
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- No, please do not include me/us in listings.

CONTACT INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Legal Name: Calvary Hospital
Address: 1740 Eastchester Road, Bronx NY 10461
Federal Tax ID Number: 13-1740274

SAMPLE BEQUEST LANGUAGE

Please share this suggested wording with your legal advisor.

I give to Calvary Hospital Inc., a New York non-profit (Tax ID #13-1740274), or its successor, the sum of \$ _____, for any purpose as Calvary Hospital deems appropriate.

I give to Calvary Hospital Inc., a New York non-profit (Tax ID #13-1740274), or its successor (the real estate located at _____ or 1000 shares of XYZ stock), for any purpose as Calvary Hospital deems appropriate.

I give to Calvary Hospital Inc., a New York non-profit (Tax ID #13-1740274), or its successor, _____% of the rest of my estate, for any purpose as Calvary Hospital deems appropriate.

This information is not intended as legal or tax advice. Please seek professional counsel when making any decision regarding your giving.

Return form to:
Amy Cassidy
Director of Development
Calvary Hospital
Calvary Hospital, 1740 Eastchester Road, Bronx, NY 10461
Phone: 718.518.2077
Email: acassidy@calvaryhospital.org