

Sonoma Valley Hospital Foundation

Confidential Information ABOUT YOUR PLANNED GIFT



Name(s): _____
Address: _____
Telephone: _____
Email: _____

A. Please indicate:

_____ I/We have made provisions for a future gift of \$_____ to the Sonoma Valley Hospital Foundation

_____ I/We have made provisions for a future gift of a percent of my/our estate to the Sonoma Valley Hospital Foundation, (optional) the approximate value would be \$_____.

_____ I/We are considering making a future gift of \$_____ or a percent of my/our estate to the Sonoma Valley Hospital Foundation through my/our:

- Will Charitable Remainder Trust Retirement Plan Assets (IRA, etc.)
- Living Trust Charitable Lead Trust Life Insurance Policy
- Other (prefer to discuss with staff) _____

B. I/We request that this gift ultimately be used for:

- General support for Sonoma Valley Hospital
- General endowment support for Sonoma Valley Hospital
- Other purpose - please specify: _____

C. Recognition Preferences

I/We authorize Sonoma Valley Hospital Foundation to include my/our name(s) as a Member/s of the Health Heritage Circle and in publications.

or

I/We do **not** wish to have our gift recognized publicly. Please do **not** include my/our name(s) in any publications.

I understand that this form is **non-binding and revocable**.

Donor Signature

Date

Donor Signature

Date

Please return to Dave Pier, Executive Director, Sonoma Valley Hospital Foundation
707.935.5070 dpier@svh.com 347 Andrieux St. Sonoma, CA 95467