*Please print this form, fill in and mail to the address below:*

**Give the Gift of Health**

# by supporting Daviess Community Hospital

**Foundation**

**1314 East Walnut Street Washington, Indiana 47501**

**(812) 254-2760, ext. 1126**

**DONOR NOTIFICATION OF ESTATE PLAN GIFT**

Whether small or large, your gift will make a difference in the lives of those receiving services through Daviess Community Hospital. The generosity of an estate gift to Daviess Community Hospital Foundation can touch lives in our community for generations to come. Let us recognize your generosity during your lifetime.

##  DONOR INFORMATION:

Name: Check here if you wish to remain ANONYMOUS.

Mailing Address:

City:

State:

Zip:

Phone Number:

Email:

 **GIFT AMOUNT (** or best estimate of the current value of this gift)**: $**

The gift is unrestricted. Designate for:

##  LEGAL FORM OF GIFT:

I/We have made a provision for Daviess Community Hospital Foundation in my/our estate plans.

The gift is best described as:

A gift in my/our will

A Trust

A Life Insurance Policy A Gift of Securities

A gift as a beneficiary of my Retirement Plan (IRA, 401k, 403B, etc.) Other

It is understood that this information is for Daviess Community Hospital Foundation records only. It is

not legally binding upon you or your estate as to the ultimate receipt or value of any future gift.

Signed

Date

Signed

Date

 **ABOUT DAVIESS COMMUNITY HOSPITAL FOUNDATION:**

Daviess Community Hospital Foundation is a not-for-profit 501(c )(3) organization. All gifts are tax deductible as allowed by law. Please consult your financial advisor.

**“Community is our middle name.”**