



The Legacy Society was created to recognize those generous and visionary individuals who have included Forrest General Healthcare Foundation in their estate plans. They are providing long term and critical support, and it is on this support that the future of Forrest Health rests.

Please return completed form or direct any questions to:

Martha Dearman

Executive Director

601-288-4396

mdearman@forrestgeneral.com

For accuracy and efficiency, all documents should reflect that gifts are made to

Forrest General Healthcare Foundation:
P.O. Box 19010
Hattiesburg, MS 39404

Tax ID: 20-4960499

Confidential Statement of Intent

I am pleased to accept membership into the Legacy Society at Forrest General Healthcare Foundation. I understand that my membership is based on the following confidential information.

I have included Forrest General Healthcare Foundation in my will or living trust.

I have included Forrest General Healthcare Foundation as a beneficiary of a:

Will/Revocable Trust: _____ % or \$ _____

Outright Gift of: Cash Stock Property

Life Insurance \$ _____ (current face amount)

Pension Plan (IRA, 401K) Remainder _____ % or \$ _____

The approximate amount of my/our gift is \$ _____

(Not required. However, it is helpful for FGHC Foundation to be aware of your goals in our planning)

OR

I intend to include Forrest General Healthcare Foundation, but have not completed the appropriate documentation. Please contact me on (date) _____ for verification.

Forrest General Healthcare Foundation is a beneficiary of:

an insurance policy my retirement plan(s) other (please explain below)

My gift has been designated to benefit the following areas:

Forrest General Healthcare Foundation's:

General Fund for the greatest area of need

Existing Fund – Name the Fund: _____

Create a new Named Fund with my gift to be named as follows:

Name the Fund: _____

Our Executive Director will follow up with you to obtain more details so that we can ensure that your gift is administered properly.

The gift is from:

Name: _____ DOB: _____

(as you would prefer to be listed in acknowledgements – Mr. and Mrs. John Doe, Sue and John Doe, etc.)

Other Donor (such as spouse): _____

Another Name we may have on file: _____

Home Address: _____

City/State/Zip: _____

Business Telephone: _____ Cell: _____

Email(s): _____

Your gift always remains confidential. Forrest General Healthcare Foundation Legacy Society will publish your name in appropriate publications unless otherwise instructed by you.

I (we) wish to remain anonymous.

Signature: _____ Date _____

Signature: _____ Date _____