

Estate Intention Information

Thank you for including Broward Health Foundation in your estate plans. Please use this form to tell us about your gift. This information helps us with our long-term planning, and it enables us to recognize donors during their lifetimes. Please know that we respect your privacy and only request that you provide information that you are comfortable sharing with us. This personal information will always be confidential.

Name _____

Address _____

Telephone _____

E-mail _____

Donor(s) Date(s) of birth _____

How was this gift made (e.g., through a Will, Trust, Donor Advised Fund, IRA, etc)?

Is this a contingent gift (e.g., effective only if another beneficiary does not survive you)?
If yes, please explain _____

Type of Gift:

- Specific Dollar Amount \$ _____
- Percentage of Estate _____ %
- Specific Property _____

Did you specify a particular use of your gift? _____

If you wish, please provide any other additional information about your gift?

Signature _____ Date _____

Broward Health Foundation Representative _____

Please note that this form simply states your intent to remember Broward Health Foundation in your estate plan.