



ESTATE INTENTION FORM

Thank you for including the 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: _____

Email Address: _____

Date of Birth: _____

How was this gift made (i.e., through a will, trust, donor advised fund, and so forth)? _____

Is this a contingent gift (i.e., effective only if another beneficiary does not survive you)?

If yes, please explain: _____

Type of Planned Gift:

Specific Dollar Amount: \$ _____

Percentage of Estate: _____ %

Specific Property: _____

Did you specify a particular use of your gift? YES NO

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 the Broward Health Foundation in your estate plans. It is neither binding nor contractual.