



LEGACY GIFT INTENTION

Thank you for informing OSF HealthCare Foundation of your intention to provide a legacy gift to support the Sisters' Mission and provide outstanding health care with "the greatest care and love" for future generations. With your legacy intent, it will be our honor to welcome you as a member of the **1877 Legacy Society**.

I have or plan to include OSF HealthCare Foundation in my Will or estate plans to support:

_____ (name of OSF Medical Center/Hospital or Program).

My legacy gift will be:

- Bequest in my Will Beneficiary of a Trust Other _____
- Beneficiary of Life Insurance Beneficiary of Retirement Assets
- OSF HealthCare Foundation has been named as a contingent beneficiary in my Will or other estate gift.
- I would like my legacy gift to be used for the following purposes: _____
- _____
- My legacy gift is in honor/memory of: _____
- My legacy gift is to be used for the OSF Endowment to ensure support in perpetuity in the area listed above.
- My legacy gift is unrestricted to be used for the area of greatest need.
- My gift will be a specific amount My gift will be a percentage amount
- Please include me/us as a member of the **1877 Legacy Society**

Information about you:

Your Name: _____ Date of Birth: ___/___/___

Spouse Name: _____ Date of Birth: ___/___/___
(If Applicable)

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

If for any reason we are unable to fulfill the designation of your legacy gift, the OSF HealthCare Foundation Board of Directors will determine an alternative use that most closely matches your original intent. OSF HealthCare Foundation (FEIN: 37-1259284) is tax exempt under section 501c3 of the Internal Revenue code.

Please return to:

Office of Planned Giving
OSF HealthCare Foundation
530 NE Glen Oak Avenue
Peoria, IL 61637

As with any decision involving your assets, we urge you to seek the advice of professional counsel when considering a gift to the Ministry of OSF HealthCare.

Website: osflegacyofhope.org

SAMPLE BEQUEST LANGUAGE

Thank you for considering the Ministry of OSF in your estate plans. You may designate your legacy gift to support any program or facility within OSF HealthCare through the OSF HealthCare Foundation. Please contact us if you need assistance or would like more information on your designation choice.

Please include the following statement with your bequest language: *“If the stated use of this gift becomes impossible or impractical, the Board of Directors of the OSF HealthCare Foundation may determine an alternative use that most closely matches the original intent of my bequest.”*

1. BEQUEST OF CASH

"I bequeath the sum of \$ _____ to the OSF HealthCare Foundation (FEIN: 37-1259284)."

OR

"I bequeath the sum of \$ _____ to the OSF HealthCare Foundation (FEIN: 37-1259284) to support _____ (name hospital or program)."

2. BEQUEST OF A PERCENT OF THE ESTATE

"I devise and bequeath _____% of the remainder and residue of property owned at my death, whether real or personal, and wherever located to the OSF HealthCare Foundation (FEIN: 37-1259284)."

OR

"I devise and bequeath _____% of the remainder and residue of property owned at my death, whether real or personal, and wherever located to the OSF HealthCare Foundation (FEIN: 37-1259284) to support _____ (name hospital or program)."

Naming OSF HealthCare Foundation to support any area of the OSF Ministry as a beneficiary on your life insurance policy or retirement asset such as an IRA, is an easy way to create a legacy gift without the expense of changing your will.

Please contact the Office of Planned Giving for more information.

(309) 566-5653 or toll free (877) 574-5678

The OSF HealthCare Foundation is happy to share this information however does not provide tax or legal advice. We encourage you to contact your legal counsel for specific direction regarding your individual Will and/or estate plans.

Website: osflegacyofhope.org