



Supporting the OSF Ministry by giving through a will, trust or estate

LEGACY GIFT INTENT FORM

On behalf of the patients and families served by OSF HealthCare, thank you for including OSF in your estate plans. Your gift reflects the promise of support for the Sisters' Mission to provide outstanding health care with "the greatest care and love" for future generations. It is our honor to welcome you as a member of the 1877 Legacy Society.

OUR PROMISE TO YOU

- OSF is committed to maintaining the highest standards of ethics and continuing to be worthy of your legacy support
- We will respect your right to change your plans
- We promise to use your gift the way you intend
- We will respect your privacy

GIFT DETAILS

I have included a gift to OSF HealthCare Foundation in my will, trust, or through a beneficiary designation.

GIFT TYPE

- Will
- Revocable Trust
- Charitable Remainder Trust
- IRA/Retirement account beneficiary designation
- Life Insurance policy beneficiary designation
- Donor-advised fund succession plan
- Other (please specify) _____

USE THIS GIFT TO SUPPORT:

- OSF HealthCare Area of Greatest Need
- OSF Cancer Institute/BTC
- OSF Children's Hospital of Illinois
- OSF Cardiovascular Institute
- OSF Illinois Neurological Institute
- OSF Hospice Home/Home Care
- Other – (specific purpose/fund/hospital) _____

THIS PROVISION IS IN THE FORM OF:

- A specific dollar amount \$ _____
 - A percentage _____%
- If based on percentage, please estimate its current value \$ _____

By signing this intent form, I reaffirm my commitment to OSF HealthCare; however, I understand this form is revocable and shall not be legally binding upon my estate. The information contained herein shall be used for OSF HealthCare purposes only.

Your Name _____ Phone # _____ Date of Birth ____/____/____
 Spouse Name _____ Date of Birth ____/____/____
 Address _____ City _____ State _____ Zip _____
 Email _____

Signature _____ Date _____
 Signature _____ Date _____

FUTURE CONTACT (E.G. PERSONAL REP/EXECUTOR, ATTORNEY, ADVISOR) FOR MY GIFT

Name _____ Phone _____
 Email _____ Relationship _____

SAMPLE BEQUEST LANGUAGE

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).”

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).”

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.”

BENEFICIARY DESIGNATIONS

- 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. Simply contact your IRA custodian or insurance company to obtain a simple form to designate OSF as the recipient of all (or part) of your IRA account or life insurance policy. This can usually be done via their website as well.

OSF HealthCare Foundation is happy to share this information, however, we do 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.

For more information, please visit our website: OSFLEGACYOFHOPE.ORG

Or contact us at:

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