



Intentions of the Heart Valencia Society

As an expression of my commitment to the Mission of: _____

I take pleasure in declaring my **intention** to help provide for the future of this hospital with a gift incorporated into my estate or financial plans.

() I acknowledge that I will, when the opportunity presents itself, include a gift in my plans in one or more of the following ways: *(Please check the boxes that apply below)*

() I have already included a gift in one or more of the following ways: *(Please check the boxes that apply below)*

Will

Beneficiary of Life Insurance

Trust

Beneficiary of Retirement Plans

Through a Gift that provides me/us with increased income for life and current income tax savings

Beneficiary of US Savings Bonds

Beneficiary of Investment Account

Additional Details (Optional): _____

Estimated Current Value: \$ _____

This gift in one or more of the above qualifies you as a member of the Valencia Society. These special societies were created to recognize and thank donors who help us provide the best quality healthcare in the region delivered with compassion and care, both now and in the future.

() Please include me as a member and list my/our name(s) as follows: _____

() I/we wish to remain anonymous.

Though this letter of intent is an expression of my current plans, I understand that I may modify or revoke it and that it is not a legal obligation binding on me or my estate.

Name(s) (Print)

Date(s) of Birth

Signature(s)

Date

Address

City, State, Zip

Email Address

Telephone