

Legacy Gift Recognition Form

This form confirms I have included a gift to Adventist Health Rideout Foundation in my estate plans to help further the mission of inspiring health, wholeness and hope to residents of the Yuba-Sutter area.

**This will be used for informational purposes only and is not legally binding.*

1. My gift is from my:

- Will or living trust Life insurance policy Brokerage or bank account
 IRA or pension plan Charitable remainder trust Other: _____

Based on my current estate plan, **Adventist Health Rideout Foundation** is named to receive a:

Specific amount of \$ _____ or _____ % currently estimated at \$ _____

2. My gift is intended to support:

- Area of greatest need Medical equipment Capital projects Scholarships
 Birth Center & NICU Cancer Patient Support Other: _____

Upon realization, I would like my gift to be used for: Immediate use Endowed fund

If designating a specific fund, provide name or details: _____

The minimum to establish a new endowed fund is \$100,000. Please contact the Foundation Office to ensure we understand the impact you would like your endowment to have. _____

3. My gift should be recognized from:

Name(s)/Organization/Fund: _____

Anonymity preference: N/A During lifetime In perpetuity

Donor one

Printed name: _____ Date of birth: _____

Signature: _____ Today's date: _____

Donor two N/A

Printed name: _____ Date of birth: _____

Signature: _____ Today's date: _____

Questions? Please contact:

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Adventist Health Rideout Foundation is a 501(c)(3) charity, Federal Tax ID 23-7366330