

## **Planned Giving Declaration of Intent**

Your support of White Plains Hospital continues to make it possible for us to provide exemplary and compassionate care to the Westchester community. White Plains Hospital thanks those who have made a commitment in their estate plan to provide enduring support for our work.

Investing in the future of the White Plains Hospital, I/We have made a provision to White Plains Hospital at 41 East Post Road, White Plains New York 10601) through the following planned gift(s):

- Bequest in a Will or Trust
  - Life Insurance Policy
- □ Retirement Account
- Beneficiary Designation

Other

So that this planned gift is known and planned for by the Hospital, I am/we are pleased to share the following details:

(Optional) As of this date, the value of my/our gift is

\$\_\_\_\_\_ □ exactly □ approximately, or

percentage of my/our estate.

(Optional) Provided is a copy of my/our will or trust or beneficiary designation which includes the language designating my/our planned gift to the Hospital.

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I/I/We would like for this planned gift to be:

General and unrestricted

I/we want the hospital to have maximum flexibility to seek out and adapt to future opportunities.

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## Specific and restricted

Please contact us to speak about areas of interest most important to you.

Name(s)	This Declaration of Intent is not legal binding on your e	ly	
Address, City, State, Zip	the page or parag of your will or tru	Please attach a copy of the page or paragraph of your will or trust or beneficiary designation	
Phone # or E-mail	language designat your planned gift	which includes the language designating your planned gift to the White Plains Hospital. This	
Signature(s)	Date		
Estate Executor:	information will remain in confide	nce.	
Please enroll m	e as a member of the Legacy Society with the opportunity	to	



participate in the various special programs.

YES. Please list my name and/or my spouses name in the Legacy Society membership roster.

NO. I/we prefer not to have my/our name included in the published list of Legacy Society members.

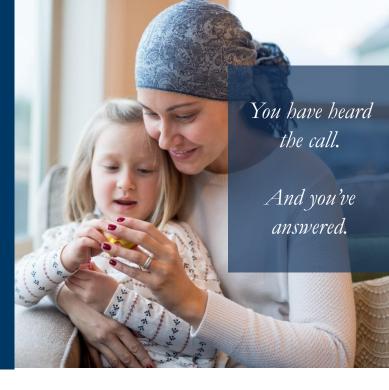
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## What moved you? Your words matter here.

Through your gift, you are lifting future generations on your shoulders to thrive.

There are others like you; would you help us inspire them?

When you share your <u>why</u>, your words may help someone like you envision that joy for giving.



## WHY I GIVE:

WHY I GIVE HERE:

I HOPE THAT MY GIFT:

White Plains Hospital, 41 East Post Road, White Plains, NY 10601