

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.

GIFT

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):

- | | |
|---|--|
| <input type="checkbox"/> Bequest in a Will or Trust | <input type="checkbox"/> Retirement Account |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Beneficiary Designation |
| <input type="checkbox"/> 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.

PREFERENCE

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.

or

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

MY INFORMATION

Name(s)

Address, City, State, Zip

Phone # or E-mail

Signature(s)

Date

Estate Executor: _____

This Declaration of Intent is not legally binding on your estate.
Please attach a copy of the page or paragraph of your will or trust or beneficiary designation which includes the language designating your planned gift to the White Plains Hospital. This information will remain in confidence.



Please enroll me as a member of the Legacy Society with the opportunity to participate in the various special programs.

- | | |
|---|--|
| <input type="checkbox"/> YES. Please list my name and/or my spouses name in the Legacy Society membership roster. | <input type="checkbox"/> NO. I/we prefer not to have my/our name included in the published list of Legacy Society members. |
|---|--|

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 *why*, your words may help someone like you envision that joy for giving.



*You have heard
the call.*

*And you've
answered.*

WHY I GIVE: _____

WHY I GIVE HERE: _____

I HOPE THAT MY GIFT: _____
