



Legacy Society Intention Form

Because of my/our special regard for Metro Health Hospital, I/we have made the following arrangements to name the Metro Health Hospital Foundation as a beneficiary of my/our:

Will or Trust

- Specific dollar amount
- The residue (all or part of what's left after providing for your loved ones)
- Percentage of your assets
- Contingency
- Specific item of value; please tell us about the item: _____

Other

- Life Insurance Policy
- Retirement Plan (IRA, Keogh, 401K, 403B, etc.)

I/we would like this gift to be:

- Directed to the area of highest need at the time the gift is realized.
- Please call me at _____. I am interested in directing my gift to a specific program/service.

The approximate amount of my/our gift is:

- \$1,000 – \$19,000
- \$20,000 – \$49,000
- \$50,000 – \$99,000
- \$100,000 – \$249,000
- \$250,000+
- \$ _____

Name(s) _____
(As you want it listed in recognition materials.)

Address _____

City/State/Zip _____

Phone _____ E-Mail _____

Date of Birth ____/____/____ Spouse Date of Birth ____/____/____

Signature _____ Date _____

Please note, this is not a legal document. It simply serves as a way for us to understand and recognize your heartfelt generosity.

Please mail completed form to:

Scott Halquist
Metro Health Hospital Foundation
5900 Byron Center Rd SW
Wyoming, MI 49519

616-252-5007