



LEGACY GIVING LETTER OF INTENT

Complete the form below to indicate your intent to include Vidant Health Foundation in your estate plans.

I/We are pleased to advise Vidant Health Foundation that I/we have provided for an estate gift benefiting Vidant Health as specified below. The Vidant Health Foundation may record my/our intention. The Foundation will be notified of any future changes that may substantially affect this gift. I/We request all information below be kept in confidence unless I/we authorize its release.

Full Name	<input type="text"/>	Spouse Name	<input type="text"/>
Donor Phone	<input type="text"/>	Spouse Phone	<input type="text"/>
Donor E-Mail	<input type="text"/>	Spouse Email	<input type="text"/>
Full Address	<input type="text"/>		

Type of gift

I/We estimate the current value or percentage to be:

<input type="checkbox"/> Gift by Will or Trust	\$ _____ or _____ %
<input type="checkbox"/> Gift from Retirement Plan /IRA	\$ _____ or _____ %
<input type="checkbox"/> Gift from Life Insurance	\$ _____ or _____ %
<input type="checkbox"/> Other: _____	\$ _____ or _____ %

The gift is designated to support the following area: (Should this be left blank, the board of directors will direct your gift to the area of greatest need.)

<input type="checkbox"/> VIDANT HEALTH GREATEST NEED	<input type="checkbox"/> MAYNARD CHILDREN'S HOSPITAL
<input type="checkbox"/> MY LOCAL HOSPITAL GREATEST NEED HOSPITAL NAME _____	<input type="checkbox"/> VIDANT HEART & VASCULAR
<input type="checkbox"/> VIDANT CANCER CARE	<input type="checkbox"/> PATIENT ASSISTANCE
	<input type="checkbox"/> OTHER: _____



When you choose to give a legacy gift to the Vidant Health Foundation, your thoughtfulness provides hope to the people of eastern North Carolina. Through your legacy gift, you will become a member of the Legacy of Hope.

As a member of the Legacy of Hope, you will:

- Receive recognition on donor walls located within Vidant Medical Center.
- Receive invitations to special events, both in person and virtual, held throughout the year.
- Receive up-to-date communications from the Vidant Health Foundation.
- Have the opportunity to be featured in a donor profile on the foundation's digital platforms.

Yes, I/we would like to be part of the Legacy of Hope, and give permission for my/our names to be listed in publications as follows:

Please make my gift anonymous until after my death.

I/we understand that by stating an amount, my/our estate is not legally bound by this statement, and I may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. For legal purposes, the 501C3 Tax IS is 20-0777374.

Donor signature

Date

Donor signature

Date

DOCUMENTATION - A photocopy of your will, agreement, beneficiary designation form, or other documents are appreciated but not required. Please send documents to:

Vidant Health Foundation
Attn: Crystal Corbett
PO Box 8489
Greenville, NC 27835

For more information, please contact Crystal Corbett at 252-847-0879 or Crystal.Corbett@VidantHealth.com.