Donor Letter of Intent



Confidential Intent Form – Planned Commitments

Thank you for you for supporting Saint Alphonsus Health System. Your gift will support our healing mission.

Gift Purpose

In consideration of my/our interest in Saint Alphonsus Health System, and in support of the mission of Saint Alphonsus Health System a member of Trinity Health, I/we make a gift/pledge commitment of \$_____ to benefit the organization for the purpose(s):

□ Foundation Greatest Need Fund □ Foundation Restricted Fund for the Following: _____

Estate and/or Planned Gift

It is understood that the values are subject to change, but I/we estimate the current value of my/our provision to be

approximately \$_____ OR _____% of my/our estate with an estimated gift value of \$_____*,

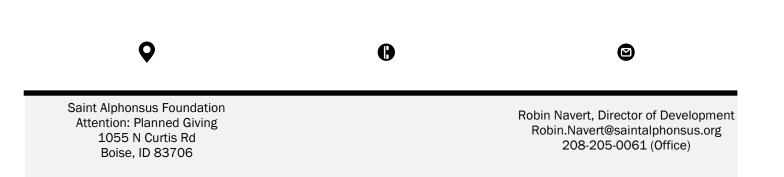
through my/our:

- Outright bequest via Will or Living Trust
- Charitable Remainder Annuity Trust
- Bequest via Will or Living Trust of surviving spouse
- □ Life Insurance (Saint Alphonsus Health System)
- Charitable Remainder Unitrust
- □ Retirement Assets/IRA/401(k)/403(b)
- Other

.*It is understood that these statements are offered solely to plan for future financial support and honor the intention of the donor's commitment and are not legally binding.

Documentation of my/our planned gift: □ Is enclosed (preferred) □ Will be provided

Pledge/Gift or Designation Notes:





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Please note additional interested parties i.e., Attorney/Trustee/Executor/Personal Representative:

Name:	Relationship to Donor
Phone:	Email:

Donor Recognition (check one)

□ I/we give permission to recognize this gift publicly, either by print or electronic means (i.e., newsletters, reports, honor rolls).

For recognition purposes, list my/our name(s) as _____

 \Box l/we wish to remain anonymous; please do not include my/our name in any listing of donors. However, it is permissible to send acknowledgments.

This commitment is not legally binding.

Donor(s) Information

Donor Signature	Date	Donor Signature	Date
Printed Name	Date	Printed Name	Date
Address		Address	
Email	Phone	Email	Phone
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Saint Alphonsus Foundation Attention: Planned Giving 1055 N Curtis Rd Boise, ID 83706

Robin Navert, Director of Development Robin.Navert@saintalphonsus.org 208-205-0061 (Office)