

# Donor Letter of Intent



# Saint Alphonus

A Member of Trinity Health

## Confidential Intent Form – Planned Commitments

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

### Gift Purpose

In consideration of my/our interest in Saint Alphonus Health System, and in support of the mission of Saint Alphonus 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 Alphonus 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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Saint Alphonus Foundation  
Attention: Planned Giving  
1055 N Curtis Rd  
Boise, ID 83706

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

# Donor Letter of Intent



# Saint Alphonse

A Member of Trinity Health

## Confidential Intent Form – Planned Commitments

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 \_\_\_\_\_

I/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



Saint Alphonse Foundation  
Attention: Planned Giving  
1055 N Curtis Rd  
Boise, ID 83706

Robin Navert, Director of Development  
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208-205-0061 (Office)