

Charitable Planned Gift Intention Form

Thank you for including a gift for The Chester County Hospital Foundation in your will or estate plans. Your planned gift will help build and sustain the Hospital's capacity to care for patients. We appreciate your commitment to the future healthcare needs of our community.

Please use this form to share details of your planned gift. The information you provide is confidential and will assist the Foundation in receiving your gift. This gift commitment is not legally binding and can be changed or revoked by you at any time.

Personal Information

Name: _____ Spouse's Name: _____

Birthdate: _____ Spouse's Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Planned Gift Details

To advance the mission of Chester County Hospital, I/we have included a charitable gift for the Foundation in my/our estate plans.

If married, please indicate which spouse is the account holder next to each asset listed below.

The Chester County Hospital Foundation has been named a beneficiary of my/our:

_____ Estate/trust of _____ (donor's name); specific amount: \$ _____
and/or _____ %, with an approximate value of \$ _____

_____ Retirement fund; financial institution: _____
approximate value \$ _____; account # _____

_____ Life insurance policy; insurance company: _____
approximate value \$ _____; policy # _____

_____ Other asset (examples: remainder of donor advised fund or health savings account)
please describe: _____
company name: _____
approximate value \$ _____; account # _____

Charitable Planned Gift Intention Form (continued)

Your gift will be used for the greatest need at the time it is received, unless restricted to a specific purpose or fund. You may list additional details to assist The Chester County Hospital Foundation in receiving and planning for the use of your gift in this section.

Additional planned gift information: _____

Please attach a copy of the relevant portion of your will, trust agreement, beneficiary designation form or other document.

1892 Society

The 1892 Society recognizes donors who have made a planned gift commitment to The Chester County Hospital Foundation. Planned gifts of all types and amounts qualify donors for membership in the 1892 Society.

_____ Yes, you may publicize my/our name(s) as members of the 1892 Society.

_____ I/We prefer to be anonymous member(s) of the 1892 Society.

Signature

Spouse's Signature

Date: _____

Date: _____

Questions?

Please contact:

Jeannette Edwards, Director of Development

Phone: 610-431-5110 Cell: 267-515-1172

Email: Jeannette.Edwards@PennMedicine.upenn.edu

Website: www.ChesterCountyHospital.org/PlannedGiving

Completed gift intention forms

Send this completed form to the above email address or mail to:

Chester County Hospital Foundation

701 E. Marshall Street

West Chester, PA 19380

Thank you for supporting The Chester County Hospital Foundation