



Geisinger Health Foundation

Statement of philanthropic intent

Because of my/our special regard for Geisinger¹, and realizing the importance of future gifts to its mission, I/we have made the following provision(s) for Geisinger in my/our estate plan(s). My/Our gift will be made the following way(s): Will Retirement account Life insurance policy Living trust Other: _____

In the amount of \$_____ or ____% of my estate, which is currently valued at \$_____. (Indication of amount or percentage is optional). This information is kept confidential and is used by Geisinger for long-term planning purposes only. Please tell us anything you would like us to know about how you would like your gift to be used, including designating an area of healthcare you are interested in supporting (e.g., research, cancer, education, etc.) on the following line. You may also attach additional pages, if necessary. We would appreciate a copy of the relevant section from your will or trust document, if you are comfortable sharing. **Please describe how you would like your gift to be used:** _____

This is an expression of my/our current estate plans. I/we understand that it is not a legal obligation binding me/us or my/our estate(s) and can be revoked or modified by me/us at any time.

Printed name and signature Today's date Birth date

Printed name and signature Today's date Birth date

Address (city/state/zip) Phone Email

Consider me/us members of the Abigail Geisinger Circle.

Please print your name(s) above as you wish it to appear for donor recognition purposes.

I/we wish to remain anonymous members of the Abigail Geisinger Circle.

Thank you for investing in medical excellence with a gift to Geisinger!

Robin L. Endicott, CFRE, Vice President of Philanthropy
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570-214-9267 or rendicott@geisinger.edu

¹Throughout this document, the terms "Geisinger" or "System" shall refer to the entire healthcare system comprised of Geisinger Health Foundation (the "Foundation") as parent and all subsidiary corporate entities comprising Geisinger.