As an expression of my/our desire to contribute to the continuing work of Sarasota Memorial Healthcare Foundation in supporting and advancing health care in our community, I /we have included Sarasota Memorial Healthcare Foundation in my/our estate plan. I/we understand this statement is non-binding and does not constitute a legal promise of any future contribution.

The contrib		will be made by Will or revocable trust or similar testamentary document as f		
	☐ Estimated value of the cash or other gift is \$			
		%,		
	the estimated current value of which is \$I/we have included SARASOTA MEMORIAL HEALTHCARE FOUNDATION as a benefit			
	recipient of one or more assets, with the estimated values shown below:		as a beneficiary or	
		Retirement plan(s): Financial or investment account(s):		
	☐ Life insurance:		_	
		Other asset(s):	_	
My/our beq	uest	shall be considered an/a		
	Unı			
	Res	tricted bequest for this purpose:		
Name(s):				
		State: Zip:		
Phone:		Email:		
Signature(s)			Date	
Date of birt	h	(MM/DD/YYYY)		
Date of birt	h (Sp	ouse/Significant Other) (MM/DD/YYYY)		
Please print	your	name(s) as you prefer to be acknowledged where appropriate.		
	I/w	e wish for this gift to remain anonymous. Please do not list my/our name.		
Attorney or	finar	icial planning professional contact information:		