

## The Valencia Society Intentions of the Heart

As an expression of my commitment to the Mission of:

- Saint Francis Hospital and Medical Center     Mount Sinai Rehabilitation Hospital  
 Johnson Memorial Hospital     Trinity Health OF New England

I take pleasure in declaring my **intention** to help provide for the future of this hospital with a gift incorporated into my estate or financial plans.

( ) I acknowledge that I will, when the opportunity presents itself, include a gift in my plans in one or more of the following ways: *(Please check the boxes that apply below)*

( ) I have already included a gift in one or more of the following ways: *(Please check the boxes that apply below)*

- |   |  |
|---|--|
| <input type="checkbox"/> Will   | <input type="checkbox"/> Beneficiary of Life Insurance     |
| <input type="checkbox"/> Trust  | <input type="checkbox"/> Beneficiary of Retirement Plans   |
| <input type="checkbox"/> Through a Gift that provides me/us with increased income for life and current income tax savings | <input type="checkbox"/> Beneficiary of US Savings Bonds   |
|   | <input type="checkbox"/> Beneficiary of Investment Account |

**Additional Details (Optional):** \_\_\_\_\_

**Estimated Current Value:** \$ \_\_\_\_\_

This gift in one or more of the above qualifies you as a member of The Valencia Society. This special society was created to recognize and thank donors who help us provide the best quality healthcare in the region delivered with compassion and care, both now and in the future. As a member of The Valencia Society, we are honored to list your name in our annual publication (s). Please indicate your preference below:

- ( ) Please include me as a member and list my/our name(s) as follows: \_\_\_\_\_  
( ) I/we wish to remain anonymous.

Though this letter of intent is an expression of my current plans, I understand that I may modify or revoke it and that it is not a legal obligation binding on me or my estate.

\_\_\_\_\_  
*Name(s) (Print)* *Date(s) of Birth*

\_\_\_\_\_  
*Signature(s)* *Date*

\_\_\_\_\_  
*Address* *City, State, Zip*

\_\_\_\_\_  
*Email Address* *Telephone*