



Estate Plan Intention & Designation Form

NON-BINDING & CONFIDENTIAL

Name: _____ Date of Birth: ____/____/____

Spouse's Name: _____ Date of Birth: ____/____/____

Preferred Phone: _____ Email: _____

I/we are pleased to inform you that my/our: Will Trust Retirement Plan Life Insurance

Other: _____ includes a provision for Light of Hearts Villa.

Gift Designation:

Area of Greatest Need Other: _____

In honor/memory of: _____

To help Light of Hearts Villa plan for the future:

The approximate amount of my/our bequest, based on today's value, is \$ _____

OR

The approximate gift range of my/our bequest, based on today's value is:

\$1M+ \$500K - \$999K \$250K - \$499K \$100K - \$249K \$50K - \$99K \$25K - \$49K <\$25K

I/We agree to be listed as members of the Light the Way Legacy Society.

Please list my/our name as: _____

Signature Date Spouse Signature (if applicable) Date

Attorney/Advisor Name: _____ Firm: _____

Phone: _____ Email Address: _____

LIGHT of HEARTS VILLA

A Ministry of the Sisters of Charity Health System