

# LEGACY of HOPE SOCIETY

## STATEMENT OF INTENT

I hereby certify for the purposes of being recognized as a member of the Legacy of Hope Society, and for no other purpose, that I have named the **Froedtert Hospital Foundation, Inc.**, as a beneficiary of the legacy gift described below:

### Type of Arrangement:

- Gift from will or living trust
- Gift from Charitable Trust
- Gift from Retirement Plan
- Gift from Life Insurance
- Gift from Gift Annuity
- Other: \_\_\_\_\_

**Approximate Date of Establishment:** \_\_\_\_\_

### Gift Designation:

- Specific designation: \_\_\_\_\_
- No specific designation
- Greatest Need

**Specifics of the arrangement, as it benefits Froedtert Hospital** (with as much detail as you are comfortable sharing):

- Specific current value: \$ \_\_\_\_\_ or  Approximate current value: \$ \_\_\_\_\_
- Other details (such as % of estate): \_\_\_\_\_
- I/We wish to remain anonymous

**Name(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preferred Name(s) for Honor Roll listing of Legacy of Hope Society members:**

\_\_\_\_\_

*Gifts to Froedtert are tax deductible as allowed by law.  
Please contact Office of Planned Giving at [legacyinfo@mcw.edu](mailto:legacyinfo@mcw.edu) or at (414) 955-4518 with any questions.*

