



Thank you for including the Johnson County Healthcare Foundation (EIN: 83-0290151) in your estate plans. Your decision reflects a deep commitment to the health and well-being of our community, and it will help ensure that high-quality, locally delivered healthcare remains available for generations to come. We are grateful to have the opportunity to thank you now - with the understanding that you may modify and/or revoke your plans in the future.

Would you be comfortable sharing some of the details of your gift? This will help us steward your future gift and your information will be kept in strict confidence. We will store this document in our Planned Giving files and not use it for any purpose other than stewarding any funds given.

Name: _____

Type of Bequest (check all that apply):

- Will Revocable Living Trust
- Retirement Plan Life Insurance Policy Bank Account
- Other (please specify) _____

Current Estimated Value*:

- Specific Amount: \$ _____.
- Specific Percentage: _____ %
- Although the actual amount will depend upon the value at my/our passing, I/we anticipate the gift will be approximately \$ _____.
- Decline to state or unknown.

Specific Designations:

- Please apply my gift to Johnson County Healthcare Center's Greatest Area of Need.
- Johnson County Healthcare Center Foundation's Endowment
- Please apply my gift as follows. I understand and agree that the Johnson County Healthcare Foundation will apply my future gift as designated, or to the closest program area that is available at the time of the gift.

Percent Specify Your Gift Designation (Fund name, project)

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Signature: _____