



Legacy Gift Letter of Intent

As evidence of my/our desire to provide future support to South Georgia Medical Center (SGMC), I/we hereby inform South Georgia Medical Center that I/we have made a provision for a gift to SGMC in my/our estate plans. This letter of intent is to be considered a legal and binding document and will function as the guiding principle until such time as SGMC replaces this document with a similar document and I/we agree to its replacement as demonstrated by my/our signature on the new document.

Full Legal Name _____ (Date of Birth) _____

Full Legal Name _____ (Date of Birth) _____

Address _____ City _____ State _____ Zip _____

() _____ () _____
Phone _____ Fax _____ E-mail _____

It is my/our intent to leave a legacy to the South Georgia Medical Center through my/our:

- ☐ Will ☐ Retirement Plan Assets ☐ Life Insurance Policy
☐ Living Trust ☐ Charitable Remainder Trust ☐ Other _____

Executor Name: _____

Executor Address: _____

() _____
Executor Phone _____ Executor E-mail _____

I/we wish to inform South Georgia Medical Center, for long-term planning purposes only, that as of this date, the value of my/our gift is: _____ % of our estate, valued at \$ _____.*

(Please indicate the approximate present value of the percentage and an approximate dollar amount. South Georgia Medical Center requests notification any time you make changes or adjustments to your gift.)

It is my/our desire that this gift be used to benefit the following facility, program, SGMC campus or where the need is greatest:

Family, financial and health circumstances change, and therefore, we kindly request that you inform us if you decide to increase, decrease, or cancel this commitment so that we may adjust our records.

The **Heritage Circle recognizes donors** who have made provisions for a gift to SGMC within their estate plans.

Please recognize me/us in the **Heritage Circle** under the following conditions:

- ☐ Feel free to publish my/our name(s) among your list of Heritage Circle members as a motivation for others to leave a planned gift to benefit SGMC (the amount of your gift is not published).
- ☐ Please list my/our names internally to the health system only (no outside publication).
- ☐ Do not list my/our names either internally or externally (anonymous gift).

Preferred Recognition Name

Preferred Recognition Name

Donor Signature

Donor Signature

Date

*We hope that you will share the approximate amount of
your gift with us so that we will be able to recognize you appropriately.



**South Georgia Medical Center
Foundation, Inc.
Hilary Willis
Executive Director
2501 North Patterson St.
Valdosta, GA 31603

Phone (229) 433-1076
Email: hilary.willis@sgmc.org
Tax ID # 58-1329691**