

Legacy Intention Form

I/we have made the following provision for Providence General Foundation in the following way(s):

Will or Trust

The provision is a: Set dollar amount Residual % of assets Other _____
The provision is: Revocable Irrevocable Contingent

Life Insurance

Providence is the: Beneficiary Owner/Beneficiary

Retirement Plan Beneficiary (please provide us with the name of your plan administrator and your account number)

Charitable Gift Annuity

Charitable Remainder or Lead Trust

Other Planned Gift _____

The approximate value of the above gift is \$ _____

Please direct the above gift to the following fund: The area of greatest need at the time the gift is realized
 A specific fund or program (please contact me)

I/we would like to be in the Legacy Society I/we would like to opt out of Legacy Society Membership

Name _____ Spouse's Name _____

Date of Birth _____ Spouse's Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ Mobile _____

Email _____

Signature _____ Date _____

How would you like your name listed in recognition: _____

I/we wish to remain anonymous during our lifetime I/we would like to remain anonymous in perpetuity

Thank you for supporting the mission of Providence. Please send completed forms to the following address:

Providence General Foundation • 916 Pacific Avenue, Everett WA 98201 • (425) 258-7500 • PlannedGiving@Providence.org

This is not a legal document. It serves as a way for us to understand your intentions and recognize you for generously including Providence in your legacy planning. Please contact the Foundation if your intentions change or the value of your gift significantly increases or decreases.