

## Cornerstone Legacy Society

### Planned Giving Statement of Intent

We are grateful for your intention to provide for Augusta Health patients through a planned gift or bequest. By notifying us of your plans, you become a member of Augusta Health's Cornerstone Legacy Society. This helps to inspire others to make similar gifts. Thank you for providing for our community in this significant way.

Members of Cornerstone Legacy Society are listed in the Annual Donor Report and in other publications.

#### DONOR INFORMATION

Name(s) \_\_\_\_\_

*(Inscription as you would like your name(s) to appear when recognized)*

Would you prefer your donation be anonymous? ☐ No ☐ Yes

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

#### I/we have provided for Augusta Health:

- |   |  |
|---|--|
| <input type="checkbox"/> Bequest (will or living trust) | <input type="checkbox"/> Charitable Trust                    |
| <input type="checkbox"/> Insurance Policy               | <input type="checkbox"/> Charitable Gift Annuity (CGA) _____ |
| <input type="checkbox"/> Retirement Plan/IRA            | <input type="checkbox"/> Other Asset _____                   |

#### This gift should be used to benefit:

- ☐ New patient programs and services
- ☐ The needs of \_\_\_\_\_

*(Augusta Health Department or Service)*

- ☐ I am interested in establishing a named endowment to benefit a patient care area

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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