



Mercy Medical Center  
Trinity Health

## Intentions of the Heart Seeds of Hope Society

As an expression of my commitment to Mercy Medical Center, I take pleasure in declaring my *intention* to help provide for the future of this hospital with a gift incorporated into my estate or financial plans.

( ) I acknowledge that I will, when the opportunity presents itself, include a gift in my plans in one or more of the following ways: *(Please check the boxes that apply below)*

( ) I have already included a gift in one or more of the following ways: *(Please check the boxes that apply below)*

- |   |  |
|---|--|
| <input type="checkbox"/> Will   | <input type="checkbox"/> Beneficiary of Life Insurance     |
| <input type="checkbox"/> Trust  | <input type="checkbox"/> Beneficiary of Retirement Plans   |
| <input type="checkbox"/> Through a Gift that provides me/us with increased income for life and current income tax savings | <input type="checkbox"/> Beneficiary of US Savings Bonds   |
|   | <input type="checkbox"/> Beneficiary of Investment Account |

**Additional Details (Optional):** \_\_\_\_\_

**Estimated Current Value:** \$ \_\_\_\_\_

This gift in one or more of the above qualifies you as a member of the Seeds of Hope Society. This special society was created to recognize and thank donors who help us provide the best quality healthcare in the region delivered with compassion and care, both now and in the future.

( ) Please include me as a member and list my/our name(s) as follows: \_\_\_\_\_

( ) I/we wish to remain anonymous.

Though this letter of intent is an expression of my current plans, I understand that I may modify or revoke it and that it is not a legal obligation binding on me or my estate.

\_\_\_\_\_  
*Name(s) (Print)* *Date(s) of Birth*

\_\_\_\_\_  
*Signature(s)* *Date*

\_\_\_\_\_  
*Address* *City, State, Zip*

\_\_\_\_\_  
*Email Address* *Telephone*