

Declaration of Intent and The Sterling Society Membership Form

Please complete this form to notify us of your intended planned gift to Silver Hill Hospital and indicate your name preference regarding publication as a **Sterling Society** member. All information is held in strictest confidence. **Thank you for your generosity!**

- I/we have named Silver Hill Hospital as a primary/contingent beneficiary of my/our will/trust:
- to receive a specific bequest of \$ _____
 - to receive _____ % of estate, with a present value of \$ _____
 - to receive the following tangible personal property _____
- I have named Silver Hill Hospital as a primary/contingent beneficiary of _____ % my insurance policy:
- current value of policy \$ _____
- I have named Silver Hill Hospital as a primary/contingent beneficiary of _____ % my retirement account(s):
- current value of plan \$ _____
- I/we have established a Charitable Remainder Trust which benefits Silver Hill Hospital:
- The principal of the CRT when established was \$ _____ and Silver Hill Hospital will receive _____ % of the remainder upon termination
- I/we have established a Charitable Lead Trust which benefits Silver Hill Hospital:
- Silver Hill Hospital will receive \$ _____ per year for _____ years

Please designate my planned gift as follows:

- Unrestricted - where the need is greatest
- Other _____
- Yes, Silver Hill Hospital may include my name in **Sterling Society** listings. (Neither amount nor designation, if provided, will be included on the listing.) Please list me as follows:
- _____
- I prefer to remain anonymous. Please do not include my name in Sterling Society listings.

Signature: _____ Date: _____

Please return this form, as well as the relevant pages of your will, trust, insurance policy or retirement plan information to the Advancement Office at the mailing or email address below

This form is for information purposes only. Your estate is not legally bound by submitting this form. Your intentions may remain revocable and can be modified at any time. Silver Hill Hospital's Federal Identification Number is 06-0655139 for tax deductibility under Section 501(c)(3) of the Internal Revenue Code.