

Declaration of Intent and 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 for 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:

- receive a specific bequest of \$
- to receive % of estate, with an estimated current 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 policy \$

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

Other

Please designate my planned gift as follows:

Unrestricted - where the need is greatest

Other

Sterling Society Membership:

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:

Please confer Sterling Society membership benefits to the following individual(s):

I prefer to remain **anonymous**. Please do not include my name in Sterling Society listings.

Signature:

Date:

Please return this form and consider sharing the relevant pages of your will, trust, insurance policy, retirement plan information, or other documentation, to the Advancement Office at the mailing or email address below.

This form is for information purposes only and is not legally binding. 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.