



701 Park Avenue  
Minneapolis, MN 55415-1829  
612.873.6090  
[foundation@hcmcd.org](mailto:foundation@hcmcd.org)

### Letter of Intent for Future Estate Gift

As evidence of a desire to provide a legacy gift in support of Hennepin Healthcare, I/we hereby inform the Hennepin Healthcare Foundation that I/we have made a provision for a gift in my/our estate plans.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_

E-mail(s): \_\_\_\_\_

#### My legacy gift will be made through a:

- Will
- Retirement Account
- Life Insurance Policy
- Trust Agreement
- Stocks and/or Securities
- Other \_\_\_\_\_

- In the estimated amount of \$ \_\_\_\_\_
- In a gift of \_\_\_\_\_ % of the estate
- In an amount I am unable or uncomfortable sharing at the present time

It is my/our desire that this gift be used to benefit the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we intend to inform HHF if I/we modify our gift plan or if the value the gift substantially changes.

#### I would like my gift to be recognized by:

- I/we accept membership into the Legacy Society
- I/we wish to remain anonymous

Donor Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

*While this form is an expression of my current plans, I understand that I may modify or revoke my gift at any time and that it is not a legal obligation binding on me or my estate.*