



Sierra Nevada Memorial  
Hospital Foundation

## Document Your Legacy Gift

### A Gift to Sierra Nevada Memorial Hospital Foundation

A practical way to make a planned gift to Sierra Nevada Memorial Hospital Foundation is to include the Foundation in your will or revocable trust, or as a beneficiary of your retirement plan or life insurance. If you have already made a provision to include the Foundation in your financial planning, please notify us by completing and returning this document. By documenting your bequest intention, the Foundation will have an opportunity to recognize your generous support in your lifetime.

Information provided to signify your bequest intention to the Foundation will remain completely confidential unless you authorize the Foundation to publicize your gift. The Foundation understands that all bequest provisions are revocable, and any intentions stated here are not binding on you or your estate.

I have made revocable gift commitments for Sierra Nevada Memorial Hospital Foundation as follows (check all that apply):

**Bequest Approximate Value: \$** \_\_\_\_\_

**Life Insurance Policy Approximate Value: \$** \_\_\_\_\_

**IRA or Other Retirement Plan Approximate Value: \$** \_\_\_\_\_

**Other Asset Approximate Value: \$** \_\_\_\_\_

**I wish for the amount of my legacy gift to remain anonymous at this time**

\_\_\_\_\_  
Signature - Spouse 1

\_\_\_\_\_  
Signature - Spouse 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)



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## Estate Representative Contact Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Role

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

I have attached documentation from my will, retirement plan, life insurance policy, or trust.

If your gift is for a percentage of your estate, rather than a fixed amount, the Foundation will be happy to use your good faith estimate of the current value based on this percentage. While not required, you may wish to include a copy of the relevant portion of related documents.

Please mail completed document to the P.O. Box address below.

SNMH Foundation | P.O. Box 1810, Grass Valley, CA 95945 | [infosnmhf@dignityhealth.org](mailto:infosnmhf@dignityhealth.org) | (530) 477-970

*This site is informational and educational in nature. It is not offering professional tax, legal, or accounting advice. For specific advice about the effect of any planning concept on your tax or financial situation or with your estate, please consult a qualified professional advisor.*