



Donor Documentation



I/We have made a planned gift to Huntsville Hospital Foundation.

- Type of planned gift:

<input type="checkbox"/> Will	<input type="checkbox"/> Beneficiary of Life Insurance Policy
<input type="checkbox"/> Trust	<input type="checkbox"/> Other
<input type="checkbox"/> Beneficiary of IRA/Retirement Account	
- Amount of bequest. My/our planned (future) gift is:

<input type="checkbox"/> estimated to be worth \$_____ (10% match of this amount up to \$10,000 max)
<input type="checkbox"/> in the specific amount of \$_____ (10% match of this amount up to \$10,000 max)
<input type="checkbox"/> an amount that I/we wish to keep private (Legacy Challenge match will be \$1,000)
- It is my/our desire that this planned (future) gift be used to benefit the following:

<input type="checkbox"/> Area of greatest need	<input type="checkbox"/> Cardiac Services	<input type="checkbox"/> Neonatal ICU
<input type="checkbox"/> Women & Children's	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Other department: _____
<input type="checkbox"/> Madison Hospital	<input type="checkbox"/> Breast Center	
- It is my (our) desire that our Legacy Challenge (current) matching funds benefit the following:

<input type="checkbox"/> Area of greatest need	<input type="checkbox"/> Cardiac Services	<input type="checkbox"/> Neonatal ICU
<input type="checkbox"/> Women & Children's	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Other department: _____
<input type="checkbox"/> Madison Hospital	<input type="checkbox"/> Breast Center	

Name(s) _____
Address _____ **City** _____ **State** _____ **ZIP** _____
Email _____ **Phone** _____

I/We would like to be listed as: (Print name/s) _____

Signature _____ Date _____

Signature _____ Date _____

This gift is anonymous. Please do not publish my/our name(s).

This Legacy Challenge gift is in memory of or in honor of _____ (Optional)

Send printed notification of my tribute to:

Name: _____ Address: _____

Thank you for supporting Huntsville Hospital Foundation and your community hospitals!

Please submit completed and signed form to: Lynne Berry Vallely, Planned Giving Officer

Huntsville Hospital Foundation, 801 Clinton Avenue E, Huntsville, AL 35801

lynne.vallely@hhsys.org | (256) 265-9271

