



SSM Health
St. Mary's Foundation
MADISON

GIFT PLANNING

DECLARATION OF INTENT

SSM HEALTH ST. MARY'S FOUNDATION LEGACY SOCIETY

Thank you for your intention to include SSM Health St. Mary's in your estate plan. In order to document your intention, please complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

I/We have provided support in my/our estate plan for the mission of SSMM Health St. Mary's – Madison through:

- Will or Trust ___% of estate \$_____ fixed gift amount
- Beneficiary Designation
 - IRA/Retirement Plan
 - Life Insurance
- Other Item or Asset (please describe): _____

The intended use of this gift is to benefit SSM Health St. Mary's – Madison by supporting:

- Greatest Need
 - SSM Health St. Mary's Hospital
 - SSM Health St. Mary's Care Center
- Spirit and Life Endowment
 - SSM Health Mary's Hospital
 - SSM Health St. Mary's Care Center
- Other _____
We may contact you for more details if you have a specific area you wish your gift to benefit.

Recognition of Your Gift

- I/We give permission to publish my/our name(s) as SSM Health St. Mary's Legacy Society member(s) and would like our names listed as:

- I/We would like to remain anonymous.

Name(s) _____ Phone _____

Street _____ Email _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please mail completed forms to:

SSM Health St. Mary's Foundation
700 S. Park Street
Madison, WI 53715

Helpful information for creating your SSM Health St. Mary's legacy:

Legal Name: St. Mary's Foundation, Inc.
700 S. Park Street, Madison WI 53715
Tax ID/EIN: 43-1940686