



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

DECLARATION OF INTENTION TO SUPPORT WITH A LEGACY GIFT

Thank you for your commitment to help meet the health needs of San Francisco’s residents and Zuckerberg San Francisco General’s future!

Please help us ensure we will be able to carry out your intentions by completing this form and returning it.

DONOR INFORMATION:

Name(s)

Address **City, State & Zip**

Phone **Email**

GIFT DESIGNATION:

My/Our intention is for my gift to support: _____

GIFT INFORMATION: It is my/our intent to leave a gift to the San Francisco General Hospital Foundation through my:

- Will
 Living Trust
 Retirement Plan Assets
 Life Insurance Policy
 Charitable Trust
 Other _____

If your gift is through a retirement plan or life insurance policy, the following will help us actually receive what you intend to give: a) name of company or plan administrator, b) contact information and policy number. Additionally, including a copy of the “designation of beneficiary form” you sent to your plan administrator would be very helpful.

As of this date, the estimated value of my gift is: _____ (This is especially important if your gift is designated for a specific purpose.)

GIFT ACKNOWLEDGEMENT: Please acknowledge my/our legacy commitment as follows:

Please do not share my/our legacy commitment at this time.

Donor/s Signature Date

Print Name/s

For questions, please contact Jeremy Benjamin, at (628) 206-3132, or jbenjamin@sfgfhf.org. Thank you again for helping give extraordinary care to all.