



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 Rebecca Schuett at [rschuett@sfgfh.org](mailto:rschuett@sfgfh.org). Thank you again for helping give extraordinary care to all.