



SAN FRANCISCO  
GENERAL HOSPITAL  
FOUNDATION

**DECLARATION OF INTENTION TO SUPPORT WITH A LEGACY GIFT**

Thank you for ensuring a legacy of equity, world-class treatment, and innovation in public health at Zuckerberg San Francisco General Hospital and Trauma Center.

Please confirm your intentions by completing and returning this form.

**DONOR INFORMATION:**

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Name(s)

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Address

City, State & Zip

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Phone 1

Email 1

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Phone 2

Email 2

**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, please provide the name of the company or plan administrator, their contact information and policy number, along with a copy of the Designation of Beneficiary Form, to ensure your intentions are honored.

As of this date, the estimated value of my gift is: \_\_\_\_\_

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

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

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Donor/s Signature

Date

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Print Name/s

For questions, please contact Allison Arden at Aarden@sfgfhf.org. Thank you again for helping give extraordinary care to all.