CONFIDENTIAL INTENTION FORM



Dear Donor,

We realize that many people who plan to support the Baylor Scott & White Central Texas Foundation through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

Jordan Castillo, JD Director of Major & Planned Gifts the Baylor Scott & White Central Texas Foundation

Phone: 254-899-3776

Email: Jordan.Castillo@bswhealth.org

Planned Gift Notification- Confidential

Personal Information

Name:			
Spouse Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Date(s) of Birth:			

Your Gift Intention

-	•	on and attach a copy of the documentation or appropriate lable. Please complete all that apply.
	support the mission o	f the Baylor Scott & White Central Texas Foundation below:
☐ I/We hav	e included a bequest	for the foundation in my/our will or living trust.
☐ I/We hav	e named the foundati	on as a beneficiary of an asset:
Re	tirement Plan	☐ Bank, Investment, or Other Financial Account
Life	e Insurance Policy	Other:
	ve named the foundati le remainder trust.	on as a revocable/irrevocable (circle one) beneficiary of a
	. (If possible, please in	will be approximately \$ or % nclude a copy of the bequest language or other wording
		f the gift provision (such as, asset to be donated if other e used, whether gift is to create an endowment, etc.):
Yes, you may	/ include me/us in listi	ngs of planned gift donors.
		ur name(s) to appear in our Cornerstone Society listings. ded gift will not be published):
☐ No, please do	o not include me/us in	listings.
Signature(s):		
-		
_		
Date:		

Return form to: Jordan Castillo, JD Director of Major & Planned Gifts the Baylor Scott & White Central Texas Foundation 2401 S. 31st Street, MS-20-S103, Temple, TX 76508 Phone: 254-899-3776

Email: Jordan.Castillo@bswhealth.org