



Estate Gift Notification Form

To formalize your bequest or other estate gift to benefit Carson Tahoe Health, we request written documentation of your intention. It is useful, but not mandatory, for Carson Tahoe Health to receive a copy of the relevant section(s) of your will. Please feel free to include only the information that you are comfortable sharing. Your information will be kept strictly confidential and we will recognize your legacy gift only with your approval.

DONOR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday (Mo/Yr): _____ Spouse Birthday (if applicable): _____

Telephone: _____

Email: _____

Preferred Contact Method: _____

TRUSTEE OR EXECTUOR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

CARSON TAHOE HEALTH LEGACY SOCIETY INFORMATION

Carson Tahoe Health is pleased to recognize you as a member of our Legacy Society in our annual report and other publications. Please indicate your recognition preference by checking one of the following:

_____ Please list my/our name as: _____

_____ I/We wish to be anonymous.

One of the most effective ways of raising awareness about the importance of legacy gifts is to periodically profile our Legacy Society donors to share the story of why they support us.

_____ I/We would be honored to be profiled in a future Carson Tahoe Health publication. Please contact me/us.



BEQUEST INFORMATION

Carson Tahoe Health is named as a beneficiary of (check all boxes that apply): (If willing to share the information, please include the current estimated value of the asset.)

_____ Sections of my will or trust _____

_____ Retirement Account/Plan* _____

_____ Life Insurance Policy _____

_____ Investment or Financial Account* _____

_____ Other asset* _____

**NOTE: Please note that many firms do not contact beneficiaries when the account holder is deceased. Therefore, if you designate Carson Tahoe Health as a beneficiary of any account not covered in your will you must notify Carson Tahoe Health so we are aware of the designation and are able to claim the assets when the time comes.*

DESIGNATION

_____ I request that funds be used to support _____ at Carson Tahoe Health

_____ Additional information or directions regarding my bequest of which Carson Tahoe Health should be aware:

Signature*: _____ Date: _____

Signature*: _____ Date: _____

**This form is non-binding.*

Thank you again for your continued support of the health and well-being of our community. Thank you for sharing your plans with us. We do track intended estate gifts and this information helps us attract additional donors. By notifying Carson Tahoe Health of your intended gift, you are helping to encourage even more support for our not-for-profit healthcare system. Additionally, your notification ensures that we are able to connect with you to offer our thanks and appreciation, and ensures that we are able to work with you personally to create the legacy you envision.

Please return this form to:

Carson Tahoe Health Foundation
1600 Medical Parkway
Carson City, Nevada 89703
Phone: 775-445-5678
Email: foundation@carsontahoe.org