CARSON TAHOE
FOUNDATION

Sample Gift Language
for Wills or Revocable Living Trust

A gift to the Foundation at Carson Tahoe Health in your will or revocable trust enables you to support our mission to enhance the health and well-being of the communities we serve. It also enables you to make a difference in the lives of future generations. A bequest is easy to arrange. It will not alter your current lifestyle in any way, and it can be easily modified to address your changing needs.

When creating your will or trust, please refer to our organization as:

Carson Tahoe Health
Foundation
1600 Medical Parkway
Carson City, Nevada 89703

Tax ID: 88-0502320

There are several different ways to include Carson Tahoe Health as a beneficiary of your will or trust. Here are some examples of suggested language. Please feel free to adapt this language with your attorney to fit your individual situation.

SPECIFIC GIFT LANGUAGE

Naming Carson Tahoe Health (Carson Tahoe Regional Healthcare) as a beneficiary of a specific amount or percentage of your estate is easy:

I give and devise to Carson Tahoe Regional Healthcare, located in Carson City, Nevada, the sum of $_____ (%) to be used for its general support (or for the support of a specific fund or initiative).

RESIDUAL GIFT LANGUAGE

A residual bequest comes to us after your estate expenses and specific bequests are paid:

I give and devise to Carson Tahoe Regional Healthcare, located in Carson City, Nevada, all (or state a percentage) of the rest, residue, and remainder of my estate, both real and personal, to be used for its general support (or for the support of a specific fund or initiative).

CONTINGENT GIFT LANGUAGE

Carson Tahoe Health can be named as a contingent beneficiary in your will or personal trust if one or more of your specific bequests cannot be fulfilled:

If (insert name) is not living at the time of my demise, I give and devise to Carson Tahoe Regional Healthcare, located in Carson City, Nevada, the sum of $ _____ (or all or a percentage of the residue of my estate) to be used for its general support (or for the support of a specific fund or initiative).

RETIREMENT PLAN BENEFICIARY LANGUAGE

You may name Carson Tahoe Regional Healthcare (Carson Tahoe Health) as a beneficiary of your IRA or other qualified retirement benefits. Donors should consult with their tax advisor regarding the tax benefits of such gifts.

Naming Carson Tahoe Regional Healthcare (Carson Tahoe Health) as the beneficiary of a qualified retirement plan asset such as a 401(k), 403(b), IRA, Keogh or profit-sharing pension plan will accomplish a charitable goal while realizing significant tax savings. It can be costly to pass such assets on to heirs because of heavy tax consequences. By naming the not-for-profit health system as a beneficiary of a retirement plan, the donor maintains complete control over the asset while living, but at the donor's death the plan passes to support the health of our community free of both estate and income taxes.

Making a charitable gift from your retirement plan is easy and should not cost you any attorney fees. Simply request a change-of-beneficiary form from your plan administrator. Then, enter Carson Tahoe Regional Healthcare (Tax ID# 88-0502320) on the form with the percent you would like us to receive. When you have finished, please return the form to your plan administrator and notify our Center for Philanthropy team at Carson Tahoe Health. We can also assist you with the proper language for your beneficiary designation to us.

CONTACT US

Please call us to discuss your plans.

We would love to help you create a legacy plan that suits your circumstances, aligns with your giving goals, and provides better health opportunities to our community for generations to come.

If you have questions or would like to schedule a call, please reach out to Melissa Elges, our Director of Foundation, at 775-445-8416.

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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.

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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 your personally to create the legacy you envision.

Please return this form to:

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