



## 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 EXECUTOR 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 the Area of Greatest Need 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:**

The Carson Tahoe Health Center for Philanthropy  
1600 Medical Parkway  
Carson City, Nevada 89703

Phone: 775-445-5678  
Email: philanthropy@carsontahoe.org