



**OSF HEALTHCARE**  
Foundation

# Legacy of Hope



*Supporting the OSF Ministry by giving through a will, trust or estate*

## **LEGACY GIFT DECISION**

Thank you for informing OSF HealthCare Foundation of your decision to provide a legacy gift to support the Sisters' Mission and provide outstanding health care with *"the greatest care and love"* for future generations. With your legacy decision, it will be our honor to welcome you as a member of the **1877 Legacy Society**.

I have included OSF HealthCare Foundation in my will , trust or estate to support:

\_\_\_\_\_ (name of OSF Medical Center/Hospital or Program)

### **My legacy gift will be:**

- Bequest in my Will       Beneficiary of a Trust       Other \_\_\_\_\_
- OSF HealthCare Foundation has been named as a contingent beneficiary in my will or other estate gift.
- I would like my legacy gift to be used for the following purpose: (If no specific purpose is desired, state "Area of greatest need")

My legacy gift is in honor/memory of: (Indicate only if this applies. Not a requirement)

My legacy gift is to be used for the OSF Endowment to ensure support in perpetuity in the area listed above.

My gift will be a specific amount \$ \_\_\_\_\_

My gift will be a percentage amount \_\_\_\_\_ % of the residual of my estate.

I prefer not to disclose my gift amount       Please include me/us as a member of the **1877 Legacy Society**

### **Information about you:**

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

(If Applicable)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OSF HealthCare Foundation (FEIN: 37-1259284) is tax exempt under section 501c3 of the Internal Revenue code. If for any reason we are unable to fulfill the designation of your legacy gift, the OSF HealthCare Foundation Board of Directors will determine an alternative use that most closely matches your original intent.

#### **Please return to:**

OSF HealthCare Foundation  
124 S.W. Adams Street  
Peoria, IL 61602  
ATTN: Shelly Peters

This is a **non-legally-binding** form. We understand that circumstances may change between now and the time this gift is received.

*As with any decision involving your assets, we urge you to seek the advice of professional counsel when considering a gift to the Ministry of OSF HealthCare.*

**Learn more at [osflegacyofhope.org](http://osflegacyofhope.org)**

# SAMPLE BEQUEST LANGUAGE

Thank you for considering the Ministry of OSF in your estate plans. You may designate your legacy gift to support any program or facility within OSF HealthCare through the OSF HealthCare Foundation. Please contact us if you need assistance or would like more information on your designation choice.

Please include the following statement with your bequest language: *“If the stated use of this gift becomes impossible or impractical, the Board of Directors of the OSF HealthCare Foundation may determine an alternative use that most closely matches the original intent of my bequest.”*

## 1. BEQUEST OF CASH

"I bequeath the sum of \$ \_\_\_\_\_ to the OSF HealthCare Foundation (FEIN: 37-1259284)."

**OR**

"I bequeath the sum of \$ \_\_\_\_\_ to the OSF HealthCare Foundation (FEIN: 37-1259284) to support \_\_\_\_\_ (name hospital or program)."

## 2. BEQUEST OF A PERCENT OF THE ESTATE

"I devise and bequeath \_\_\_\_\_% of the remainder and residue of property owned at my death, whether real or personal, and wherever located to the OSF HealthCare Foundation (FEIN: 37-1259284)."

**OR**

"I devise and bequeath \_\_\_\_\_% of the remainder and residue of property owned at my death, whether real or personal, and wherever located to the OSF HealthCare Foundation (FEIN: 37-1259284) to support \_\_\_\_\_ (name hospital or program)."

**Naming OSF HealthCare Foundation to support any area of the OSF Ministry as a beneficiary on your life insurance policy or retirement asset such as an IRA, is an easy way to create a legacy gift without the expense of changing your will.**

**Please contact the Office of Planned Giving for more information.**

**(309) 566-5653 or toll free (877) 574-5678**

*The OSF HealthCare Foundation is happy to share this information however does not provide tax or legal advice. We encourage you to contact your legal counsel for specific direction regarding your individual Will and/or estate plans.*

**Website: [osflegacyofhope.org](http://osflegacyofhope.org)**