



Long Beach Memorial
Miller Children's & Women's Hospital Long Beach

Memorial Medical Center Foundation

My Estate Includes Memorial Medical Center Foundation, on behalf of Long Beach Memorial or Miller Children's & Women's Hospital Long Beach

The information in this form is considered highly confidential by Memorial Medical Center Foundation. The information you provide will be used only to assure your gift is directed towards your desired purpose and to provide recognition of your gift if you choose.

Name(s) (please print) Recognition Name (if different)

Address

Phone Email

Birth Date(s)

THE GIFT

- Bequest from will or trust Charitable Remainder Trust
- Beneficiary of IRA, life insurance or other retirement plan Real Estate
- Other (please describe) _____

The *estimated* value of this gift *as of today's date* is \$ _____

- Please use the gift wherever it is most needed.
- Please direct the gift to the following hospital's need: _____
(attach additional sheets if necessary)

RECOGNITION

- I would like to be listed as a member of the Memorial Seaside Legacy Circle (the Foundation recognition society for donors who make estate gifts). Please include my/our name(s) without disclosure of amount, in Memorial Seaside Legacy Circle or other Foundation recognition (including post-mortem recognition) as shown above in "recognition name".
- I would like this gift to remain anonymous and confidential. Please do not include me in the Memorial Seaside Legacy Circle mailings or in other Foundation recognition now or in the future.

This statement is an expression of my current plans and may be revoked. I understand that this statement is not legally binding on my estate and that this information is solely for Foundation use to facilitate proper application of my gift at the time it arrives.

Date

Date

Memorial Medical Center Foundation, Joan Rubio, Vice President
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