

## Future Gift Intention Form

Thank you for generously including Craig Hospital Foundation in your will or estate plans. Your future gift will make a significant difference in our future, creating a lasting legacy for you while helping assure independent futures for Craig patients. Please use this form to provide details about your gift intentions to ensure your gift is used according to your wishes. You may make adjustments at any time.\*

### My/Our future gift is included in:

- |                                                     |                                                                                              |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Will or Living Trust       | <input type="checkbox"/> Beneficiary Designation (e.g. 401k, 403b, IRA, DAF, Life Insurance) |
| <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Other: _____                                                        |
| <input type="checkbox"/> Real Estate                |                                                                                              |

(Optional) **As of the date of this form, Craig Hospital Foundation is named to receive a:**

specific amount of \$ \_\_\_\_\_ or \_\_\_\_\_% currently estimated at \$ \_\_\_\_\_ and/or  
a specific asset/property: \_\_\_\_\_

### My/Our future gift is for:

- |                                                |                                                                |
|------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Research                              |
| <input type="checkbox"/> Culture of Care       | <input type="checkbox"/> Other Purpose (please specify): _____ |
| <input type="checkbox"/> Patient Assistance    | _____                                                          |
| <input type="checkbox"/> Endowment             | _____                                                          |

Name(s) of Donor(s) \_\_\_\_\_

Address of Donor(s) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Advisor Name \_\_\_\_\_ Advisor Phone \_\_\_\_\_

Advisor Email \_\_\_\_\_

### Frank Craig Society Membership & Recognition:

Craig Hospital Foundation honors individuals who have made plans in their wills or estates to leave a legacy gift to Craig Hospital by welcoming them to our Frank Craig Society.

- ☐ I/We would like to remain anonymous
- ☐ In recognition of the Donor's generous contributions to the Craig Hospital Foundation, the Donor will be acknowledged as \_\_\_\_\_  
with consent in various publications and events. Named funds, programs, and facilities are subject to Craig Hospital's naming policy and recognition schedule.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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**Questions?** **Annette Mainland, Director of Legacy and Principal Gifts**  
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