

**RUCKER MEMORIAL SOCIETY**

*CONFIDENTIAL INFORMATION ON GIFT PLANNING FOR MARTHA JEFFERSON HOSPITAL*

With this form, I would like to confirm my plans to include Martha Jefferson Hospital as a beneficiary of my trust or estate. I also am interested in learning more about the Foundation's legacy recognition society, THE RUCKER MEMORIAL SOCIETY. I would like you to know my intentions so that you can help ensure that my gift is invested and recognized in the way that would be most meaningful to me and my family. I understand that completing this form does not legally obligate me or my estate. At the present time, I expect that my charitable gift plan will utilize the following instrument(s):

- Bequest (Will or Living Trust)
- Qualified Retirement Plan
- Charitable Trust
- Life Insurance Policy
- Other \_\_\_\_\_

The estimated value of my gift is \$ \_\_\_\_\_

I would like my gift to be directed to support the following (Specific Program or Service/or Unrestricted - to be used where the need is greatest)

\_\_\_\_\_  
Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- I would be willing to share with others what has inspired me to support Martha Jefferson through this planned gift commitment.

**Please return completed form to the MJH Foundation Office:**

Martha Jefferson Hospital Foundation  
459 Locust Avenue  
Charlottesville, Virginia 22902

www.mjhfoundation.org  
Fax: 434.654.7316  
Phone: 434.654.8258