

Declaration of Estate Gift

I/we are pleased to inform you that I/we have provided for Foundation for Community Health’s mission with a provision in my/our estate plans.

My/our provision has been made to Foundation for Community Health through my/our:

- Will
- Living Trust
- Retirement Plan / IRA
- Life Insurance Policy
- Other:

My/our provision is intended to benefit:

- Area of greatest need
- Foundation Endowment
- Healthcare Scholarships
- Safe Kids Missoula
- Be Sun Smart
- Other program/initiative:

It is understood that my/our intent of future support, or the intended beneficiary of my/our future support, can be modified or revoked by me/us at any time.

- You have my/our permission to recognize me/us in the R.H. “Ty” Robinson Legacy Club as encouragement for others to provide for the Foundation’s work in their estate plans. Please list me/us as: _____

OR

- I/we prefer to be listed only as anonymous within the membership of the Robinson Legacy Club.

(Voluntary disclosure) For Foundation for Community Health’s long-term planning purposes only, I/we estimate the current value of my/our future gift at \$_____. It is understood that this amount will be kept confidential and can be increased, decreased or revoked at any time.

Name

Address, City, State, Zip

Preferred Phone Fax Email

Thank you for your generosity and support. Please return this Declaration, and any supporting documents or pages of documents you are willing to share, to:
Foundation for Community Health, ATTN: Kira Huck, 2831 Fort Missoula Rd, Ste 103, Missoula, MT 59804

Please contact Kira at 406-926-2522 or kirah@fchwmt.org with questions or additional information needs.

Foundation for Community Health is a 501(c)(3) non-profit organization, EIN 36-3627205. Contributions are tax deductible as allowed by law. Certain gifts to qualified endowments may provide additional tax benefits.

Foundation for Community Health | 2831 Fort Missoula Rd, Ste 103 | Missoula, MT 59804 | 406-926-2522
fchwmt.org | foundation@fchwmt.org