

Declaration of Estate Gift

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

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

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Will | <input type="checkbox"/> Retirement Plan / IRA | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Living Trust | <input type="checkbox"/> Life Insurance Policy | _____ |

My/our provision is intended to benefit:

- | | |
|--|--|
| <input type="checkbox"/> Area of greatest need | <input type="checkbox"/> Other program/initiative: _____ |
| <input type="checkbox"/> Foundation Endowment | _____ |
| <input type="checkbox"/> Healthcare Scholarships | _____ |
| <input type="checkbox"/> Safe Kids Missoula | _____ |
| <input type="checkbox"/> Be Sun Smart | |

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 Community Health Alliance'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	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:
Community Health Alliance, ATTN: Kira Huck, 2315 McDonald Ave Ste 102, Missoula, MT 59801

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

Community Health Alliance 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.

Community Health Alliance | 2315 McDonald Ave Ste 102 | Missoula, MT 59801
406-926-2522 | communityhealthwmt.org | info@communityhealthwmt.org