

ESTATE GIFT COMMITMENT FORM

I/We are pleased to advise Baylor Scott & White All Saints Health Foundation (the Foundation) of Fort Worth, Texas, that I/We have provided for an estate gift benefiting Baylor Scott & White All Saints Medical Center - Fort Worth as specified below. The Foundation may record my/our intention. The Foundation will be notified of any future changes that may substantially affect this gift. I/We request all information listed below be kept in confidence unless I/we authorize its release.

Printed Name(s) Telephone Number

Street Address City Zip

___ **Bequest by Will or Trust** of \$ _____ or _____ % of estate.
The estimated current value is \$ _____.

___ **Retirement Plan/IRA** Beneficiary Designation.
The current percentage is _____%. The estimated current value is \$ _____.

___ **Life Insurance** Beneficiary Designation. The estimated current value is \$ _____.
 ___ The Foundation is the sole beneficiary.
 ___ The Foundation is a beneficiary of _____ % of the life insurance proceeds.

___ **Other** (specify): _____

Gift Designation: _____

Donor Signature Date of Signature Date of Birth

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MARIA D. BEGGS SOCIETY

The Maria D. Beggs Society honors donors who have established planned gifts for Baylor Scott & White All Saints Medical Center - Fort Worth or informed the Foundation of estate gifts. We would like to acknowledge your gift when we list members of the Maria D. Beggs Society in future Foundation publications. No information other than the donor's name is provided.

___ I would be pleased to be included in the Maria D. Beggs Society. The name(s) should appear as:

___ I/We prefer to remain anonymous. Do not list my name on any publications.