

# Statement of Future Gifts



Donor Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Spouse/Partner Name (If Joint Gift) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Donor Address \_\_\_\_\_

Email Address \_\_\_\_\_

NEW GIFT  
 UPDATE TO PREVIOUSLY DOCUMENTED GIFT

## Gift Information

I/we have made provision to benefit Sentara Martha Jefferson Hospital as follows:

- Outright bequest payable upon my death (or surviving spouse's/partner's) directly to Sentara Martha Jefferson Hospital.
- Provision in will of surviving spouse/partner payable to Sentara Martha Jefferson Hospital.
- Beneficiary designee of a life insurance policy, IRA, pension plan, 401(k) or 403(b).
- Testamentary trust established at death, naming Sentara Martha Jefferson Hospital as the beneficiary.
- Other: \_\_\_\_\_

Please attach a copy of the relevant language from your estate documents or other documentation confirming Sentara Martha Jefferson Hospital has been designated as the beneficiary.

The estimated current value of my/our future gift to the hospital is \$ \_\_\_\_\_. However, it is understood that future fluctuations/changes to the market/economy may have an impact on this value.

Please direct the proceeds from my/our future gift as follows:

- Unrestricted gift to Sentara Martha Jefferson Hospital – where need is greatest at our local hospital.
- To benefit an existing fund. Fund Name: \_\_\_\_\_
- To create a new fund. (If you wish to create a new fund, please contact the Martha Jefferson Hospital Foundation to confirm that your gift meets our gift acceptance policies and to create a Planned Gift Agreement, the document which outlines criteria for use of the gift.)

## Donor Recognition Preferences

All donors of future gifts become members of the Rucker Society. To ensure your recognition preferences are honored, please select one of the options below:

- The Hospital/Foundation has my permission to publish my/our name(s) along with other Rucker Society members in the Hospital/Foundation donor listings as appropriate. Please publish my/our name(s) as follows: \_\_\_\_\_

**(No value will be printed or released without permission.)**

- Please do not publish my/our name(s) in the annual Rucker Society donor listings.

Benefits of membership in the Rucker Society include, but are not limited to, presidential acknowledgment, a Society welcome packet, and invitations to exclusive events. Please select one of the options below:

- I/we would be pleased to accept the benefits of membership in the Rucker Society.
- I/we do not wish to receive the benefits of membership in the Rucker Society.

I/we would like to designate the following individual(s) as successor recipient(s) of any information relating to my/our gift:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relation: \_\_\_\_\_

**THANK YOU**  
For supporting  
Sentara Martha  
Jefferson Hospital

DONOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DONOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return this form to the Martha Jefferson Hospital Foundation:  
500 Martha Jefferson Drive • Charlottesville, VA 22911 • Fax: 434.654.7316