

Declaration of Intent

Thank you for your intention to include Inova in your estate plan. We kindly ask that you complete this form with as much detail as possible and with the understanding that the completion of this form does not create a binding obligation. The information shared will remain confidential and we understand that the gift value indicated may fluctuate over time.

Gift Information: I/We have provided a gift to Inova as set forth in my/our:

- a bequest in my will/estate a bequest in my Revocable Trust
 a Charitable Remainder Trust
 my retirement plan-IRA, 401(k) or 403(b)Account# _____
 other (i.e. real estate; business interest; art/collectibles): _____

I/We would like it known that this gift should be designated for the

- greatest need
 specific purpose of: _____

The current **estimated** value of my/our gift is \$ _____

Donor Recognition: Please confirm ONE of the following:

- I/We wish to have my/our name(s) listed as follows: _____
 I/We wish no publicity with respect to this gift.
 I/We wish for this gift to remain anonymous.

Date: _____

Date: _____

Donor Name: _____

Donor Name: _____

Signature: _____

Signature: _____

Date of Birth: _____

Date of Birth: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Optional: If you would like to share more information about your gift: _____

Your information will be kept in strict confidence. Please return to:

Inova Health Foundation
8110 Gatehouse Road, Suite 200E
Falls Church, VA 22042
703-289-2072 • Foundation@inova.org • Inova.plannedgiving.org

Inova Health Foundation is a not-for-profit organization under Section 501(c)(3) of the Internal Revenue Code.
Tax ID number: 54-107-1867