

Valley Medical Center

Planned Giving Notification

I have included Valley Medical Center as:

- ☐ Beneficiary under my will or trust agreement
- ☐ Beneficiary of a life insurance policy
- ☐ Beneficiary of my IRA/401(k)/other retirement funds
- ☐ Beneficiary of other financial instrument: _____

Recognition preferences:

- ☐ Valley Medical Center may list this commitment to inspire other donors.
I would like for my name to be listed as follows: _____

- ☐ I prefer that this commitment remain anonymous

I would like my planned gift to be used as follows:

- ☐ UNRESTRICTED: To fund essential programs and services through Valley's Greatest Needs Fund.
- ☐ RESTRICTED: I would like to designate my gift for a specific use: _____

Optional:

It is helpful if you can estimate the approximate amount of your gift so we can plan for Valley's financial future and ensure that your intentions are fulfilled. This information is optional and does not commit you to this estimated amount. Please attach supporting documentation, if available.

Estimated value of gift: \$ _____

Contact information:

Name: _____ Date: _____

Address: _____

Email: _____ Phone: _____

Signature: _____

Please return by mail or email to:

Valley Medical Center
Carrie Murayama, Manager of Development & Volunteer Services
M/S VPP 250
400 S 43rd Street, Box 50010
Renton, WA 98058-5010
carrie_murayama@valleymed.org

