



***In support of Guadalupe Clinic, I/we have completed a planned gift naming Guadalupe Clinic, Inc. as a beneficiary or recipient. The fulfillment of my/our commitment shall be as follows:***

Please share your personal information so that we may recognize you and provide stewardship for your gift.

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of Instrument** *Please check or complete all applicable boxes.*

My/Our gift provision is to be made through the following:

- Bequest (will or living trust agreement)\*
  - Life Insurance
    - Guadalupe Clinic, Inc. named as policy owner
    - Guadalupe Clinic, Inc. named as beneficiary
- Retirement Plan (ie. IRA, 401(k))
  - Guadalupe Clinic, Inc. named as account owner
  - Guadalupe Clinic, Inc. named as beneficiary only
- Charitable Gift Annuity
- Irrevocable Trust (ie. Charitable Remainder Trust)
- Other: \_\_\_\_\_

**Valuation of Gift** *Please check or complete all applicable boxes.*

**The estimated current value of my/our estate gift intention to Guadalupe Clinic, Inc. is \$ \_\_\_\_\_.**

**The estimated value of my/our estate gift intention to Guadalupe Clinic, Inc. is based on the following:**

- Specific amount bequest \$ \_\_\_\_\_
- Percentage bequest \_\_\_\_\_ %
- Residual or remainder bequest \_\_\_\_\_ %
- Contingent bequest \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Face value of policy or plan \$ \_\_\_\_\_
- Cash value of policy or plan \$ \_\_\_\_\_
- Full value of trust or annuity \$ \_\_\_\_\_

**As missionary disciples of Christ, and with other people of good will, Guadalupe Clinic works to provide access to quality health care for people in need.**

Name(s): \_\_\_\_\_

**Gift Purpose**

My/Our gift may be used for the “unrestricted” purposes of Guadalupe Clinic, Inc. to provide healthcare for the uninsured.

My/Our gift is designated for the following purpose(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Donor Acknowledgement**

**Yes**, you may include my/our name in any donor listings

**Yes**, you may share pertinent details of my gift in Guadalupe Clinic’s publications

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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