

**LEGACY GIFT DECISION**

Thank you for informing Aspirus Health Foundation of your decision to provide a legacy gift to support the Aspirus Misson and provide outstanding health care for future generations.

* I have included Aspirus Health Foundation in my Will or estate plans to support:

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

(name of Aspirus Hospital or Program)

**My legacy gift will be:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | * Bequest in my Will
 | * Beneficiary of a Trust
 | * Other
 |
|  | * I would like my legacy gift to be used for the following purposes:
 |  |
|  |  |  |
|  | * My legacy gift is in honor/memory of:
 |  |
|  | * My gift will be a specific amount
 | * My gift will be a percentage amount
 |

**Information about you:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Your Name: |  |  | Date of Birth: |  |
|  | Spouse Name (if applicable): |  |  | Date of Birth: |  |
|  | Mailing Address: |  |
|  | Home Phone: |  |  | Cell Phone: |  |
|  | Signature: |  |  | Date: |  |
|  | Signature: |  |  | Date: |  |

If for any reason we are unable to fulfill the designation of your legacy gift, the Aspirus Health Foundation Board of Directors will determine an alternative use that most closely matches your original intent. Aspirus Health Foundation (FEIN: 39-1256656) is tax exempt under section 501(c)3 of the Internal Revenue code.

**Please return to:**

Aspirus Health Foundation

*As with any decision involving your assets, we urge you to seek the advice of professional counsel when considering a gift to support the Mission of Aspirus Health Foundation.*

333 Pine Ridge Blvd.

Wausau WI 54401

**SAMPLE BEQUEST LANGUAGE**

Thank you for considering a gift to the Aspirus Health Foundation to support the Aspirus Mission in your estate plans. You may designate your legacy gift to support any program or facility within Aspirus Health through the Aspirus Health Foundation. Please contact us if you need assistance or would like more information on your designation choice.

Please include the following statement within your bequest language: “If the stated use of this gift becomes impossible or impractical, the Board of Directors of the Aspirus Health Foundation may determine an alternative use that most closely matches the original intent of my bequest.”

BEQUEST OF CASH:

“I bequeath the sum of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Aspirus Health Foundation (FEIN: 39-1256656).”

**OR**

“I bequeath the sum of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Aspirus Health Foundation (FEIN: 39-1256656) to

support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name hospital or program).”

BEQUEST OF A PERCENT OF THE ESTATE:

“I devise and bequeath \_\_\_\_\_\_\_\_\_% of the remainder and residue of property owned at my death, whether real or personal, and wherever located to the Aspirus Health Foundation (FEIN: 39-1256656).”

**OR**

“I devise and bequeath \_\_\_\_\_\_\_\_\_% of the remainder and residue of property owned at my death, whether real or personal, and wherever located to the Aspirus Health Foundation (FEIN: 39-1256656) to support

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name hospital or program).”

Naming Aspirus Health Foundation to support any area of Aspirus Health as a beneficiary of your will or trust, your life insurance policy, or a retirement asset such as an IRA is an easy way to create a legacy gift without the expense of changing your will. Please contact us or consult with your financial advisor or estate planner for more information.

**ahf@aspirus.org | 715-847-2470**

*Aspirus Health Foundation is happy to share this information but does not provide tax or legal advice. We encourage you to contact your legal counsel for specific directions regarding your individual will and/or estate plans.*

**aspirus.org/aspirus-health-foundation**