

CONFIDENTIAL -- BEQUEST NOTIFICATION FORM



Mailing Address:

Mason General Hospital Foundation,
Attn: Jennifer Capps, CDO
Post Office Box 1668, Shelton WA 98584

Physical Address:

Gateway Center
2505 Olympic Highway North, Suite 170
Shelton, WA 98584

Contact us at 360-427-3622 with any questions.

You may also send an email to jcapps@masongeneral.com

Name _____

Address _____

Date of Birth _____ Phone _____

Type of Provision

Estimated Amount

I have made provision for **Mason General Hospital Foundation** in my estate planning as follows:

- A. Outright bequest in my Will. \$ _____
- B. Provision in the Will of the survivor of my husband (wife) and myself \$ _____
(Spouse's date of birth: _____)
- C. Life Insurance Policy \$ _____
- D. Trust under my Will with [charity name] the final beneficiary \$ _____
(Please include date of birth of income beneficiaries, or describe other conditions.): _____

- E. Other (please describe): \$ _____

Total: \$ _____

(Attachments or letters that further describe the nature of the above provision(s) are welcomed in addition to the section of the Will or Trust in which our institution is mentioned.)

In the event of unforeseen circumstances which require any further change in the above estate planning provision(s), I agree to notify **Mason General Hospital Foundation** of such change.

Date _____ Signature _____