

LEGACY SOCIETY GIFT AGREEMENT

I/we share the nonprofit vision of Banner Health to make health care easier so life can be better and want to make a lasting difference in the lives of Arizonans. As an indication of my/our support, I/we have made provisions for **Banner Health Foundation (Federal Tax ID 94-2545356)** and/or **Banner Alzheimer's Foundation (Federal Tax ID 20-4862361)** through my/our estate plan.

GIFT INFORMATION

- | | |
|--|---|
| <input type="checkbox"/> Gift through Will or Living Trust | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> 401k, IRA or other qualified plan | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Other _____ | |

The current value of the Foundation's future interest is \$ _____ or _____% of total estate (*optional*). This gift is made with the understanding that the value(s) of the above-referenced asset(s) is subject to change.

INTENTIONS

It is my/our intent that this gift benefit the following Banner Health medical facility, program, or area of care:

- I/we understand that should it ever become impossible or impractical to use the gift for the purpose specified in this agreement, the Banner Health Foundation, in its discretion, may redirect this gift to support the program, service, area of care or Banner Health facility most similar to the original intentions specified above.

I/we understand that this gift is:

- Irrevocable and cannot be changed.
 Revocable and can be changed at any time. I/we further understand that there is no legal obligation to fulfill this intention if I/we choose to modify or cancel this gift at a future date.

Signature _____

Date _____

Printed Name _____

Signature _____

Date _____

Printed Name _____

Address _____

Email _____

Phone _____

RECOGNITION

The Legacy Society honors those who have provided enduring gifts and/or have remembered Banner Health in their will, trust or estate plan. Legacy Society members are recognized in Foundation publications, are invited to all signature Banner Health Foundation events, have the opportunity to engage with Banner physicians and senior leaders, and tour Banner Health facilities. Membership to the Legacy Society is afforded automatically, unless you prefer anonymity.

- Please recognize me/us as follows in the Legacy Society:

Examples: Mr. and Mrs. John Smith - Mary and John Smith - The John Smith Family

- I/we wish to remain anonymous.

PLEASE SIGN AND RETURN THE COMPLETED FORM TO:

Banner Health Foundation, 2901 N. Central Avenue, Suite 160, Phoenix, AZ 85012

Or Fax to: 602.747.3378

Questions? Contact Laurie Susie, Chief Development Officer, at laurie.susie@bannerhealth.com or 602.747.4485

Thank you for your generosity. We look forward to celebrating your legacy gift today!