



# Baton Rouge General

## Legacy Society Letter of Intent

Baton Rouge General has a long-standing history woven deep into the fabric of our community. Established more than 100 years ago as the city's first hospital, we remain today as the area's only non-profit, full-service hospital. Our hospital's mission is improving lives and strengthening our community by providing exceptional healthcare and through generous contributions, Baton Rouge General is able to continue that mission. Funds raised by Baton Rouge General Foundation provide exceptional care and the latest technology to support patients, their families, physicians and staff - directly enhancing the level of care we provide. By making a legacy gift to Baton Rouge General Foundation, you are helping fund the future of our community, non-profit hospital.

Please include me as a member of Baton Rouge General Foundation's Legacy Society.

Donor Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**My gift arrangement \_\_\_ has been \_\_\_ will be made as follows:**

- Bequest
- Charitable Gift Annuity
- Retained Life Estate
- Charitable Remainder Trust
- Retirement Assets Designation
- Other: \_\_\_\_\_
- Charitable Lead Trust
- Gift of Life Insurance

**Gift Designation:**

- My gift is unrestricted (for the most urgent and highest priority needs of Baton Rouge General)
- I would like my gift designated to the following service area:
  - Burn Center
  - Physical Rehabilitation
  - Cancer Center
  - Baton Rouge General School of Nursing
  - Heart Center
  - Other: \_\_\_\_\_
  - Pediatrics Center

- I would like you to discuss details with my professional advisor (Attorney, CPA, Financial Planner)

Advisor Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

**Donor Recognition:**

- You may recognize me/us as a member of Baton Rouge General Foundation's Legacy Society in publications.

List our names as follows: \_\_\_\_\_

- I prefer to remain anonymous.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_