Declaration of Estate Gift

I/we are pleased to inform you that I/we have provided for the future of Community Medical Center and CMC Foundation with a provision in my/our estate plans.

My/our provision has been made to Community Medical Center Foundation through my/our:

- ☐ Will
- ☐ Living Trust
- ☐ Retirement Plan / IRA
- ☐ Life Insurance Policy
- ☐ Other: _____

My/our provision is intended to benefit:

- ☐ Area of greatest need
- ☐ The following CMC program or department:_____
- ☐ Foundation Endowment
- ☐ Other: _____

It is understood that my/our intent of future support, or the intended beneficiary of my/our future support, can be modified or revoked by me/us at any time.

☐ You have my/our permission to recognize me/us in the R.H. 'Ty' Robinson Legacy Club as encouragement for others to provide for Community in their estate plans. Please list me/us as:_____

OR

☐ I/we prefer to be listed only as anonymous members of the Robinson Legacy Club.

(Voluntary disclosure) For CMC Foundation's long-term planning purposes only, I/we estimate the current value of my/our future gift at $_____. It is understood that this amount will be kept confidential and can be increased, decreased or revoked at any time.

_____ _____

Name Name

_____

Address, City, State, Zip

_____

Phone Fax Email

Thank you for your generosity and support. Please return this Declaration, and any supporting documents or pages of documents you would be willing to share, to CMC Foundation, ATTN: Dorcie Dvarishkis, 2827 Fort Missoula Rd., Missoula, MT 59804. Please contact Dorcie at 327-4149 or ddvarishkis@communitymed.org with questions or additional information needs.

CMC Foundation is a 501(c)(3) non-profit organization, EIN 36-3627205. Contributions are tax deductible as allowed by law.