

SCOTLAND MEMORIAL FOUNDATION

An affiliate of Scotland Health Care System

Statement of Intent to Support the Fulton-Tornow Society

Scotland Memorial Foundation's **Fulton-Tornow Society** recognizes generous individuals who intend to perpetuate excellent health care in our community through a planned gift to benefit Scotland Health Care System. By including Scotland Memorial Foundation in your estate plan, you will be leaving a legacy of support which will help the Foundation enhance the quality of care provided by Scotland Health Care System. Your support will be used to purchase the latest technology, provide facility enhancements and support patient services and education. In recognition for your generous support, you will become a permanent member of the **Fulton-Tornow Society**. Membership requires a threshold commitment of \$10,000.

On behalf of the Foundation, we sincerely appreciate your commitment to Scotland Memorial Foundation continuing its mission to provide resources and build relationships with the communities we serve to improve community health and support Scotland Health Care System as it provides Safe, High Quality, Compassionate, and Sustainable health care.

As an indication of my commitment to Scotland Memorial Foundation, I am pleased to report that:

1. I have made the following provisions:

(Please check)

- Bequest in my will
- Retirement Plan Beneficiary
- Insurance Policy Beneficiary
- Charitable Trust Beneficiary
- Other: _____

2. The current value of the gift is: (please check)

- \$10,000 - \$50,000
- \$51,000 - \$100,000
- \$101,000 - \$250,000
- \$251,000 - \$500,000
- \$501,000 - \$1,000,000
- Over \$1,000,000
- Confidential

3. My gift is: (please check)

- Unrestricted (to meet current needs)
- Endowment Fund (in perpetuity)
- Named Fund (for gifts of \$50,000+)

- _____
 Restricted to a Specific Department or Fund currently at SHCS*

*If the department no longer exists at SHCS, the Foundation will ensure that the estate gift is restricted to a comparable existing department.

4. In recognizing this gift please: (please check)

- List my name as follows:

- I wish to remain anonymous

I understand that this "Statement of Intent" is intended to help the Foundation recognize individuals who have made a significant commitment to support the mission of Scotland Memorial Foundation and Scotland Health Care System through their estate.

Signature

Date

Signature

Date

**PLEASE RETURN TO:
Scotland Memorial Foundation
500 Lauchwood Drive
Laurinburg, NC 28352**

INQUIRIES TO: 910-291-7553

Please seek professional, legal or financial advice when developing your estate plans.