



Morton Plant Mease Foundation

MORTON PLANT MEASE FOUNDATION

CONFIDENTIAL PLANNED GIFT CONFIRMATION

A gift under your will or other estate planning document is a thoughtful and much appreciated way to reflect your support for the Morton Plant Mease Health Care System. We sincerely appreciate your support. If you will take a few moments of your time, it would be helpful for us if you would complete this form.

Name: _____ Date of Birth: ____/____/____

Spouse: _____ Date of Birth: ____/____/____

Address: _____ Street Phone: _____

E-Mail: _____

City State Zip Code

I HAVE INCLUDED MORTON PLANT MEASE FOUNDATION IN MY ESTATE PLAN AS FOLLOWS:

Type of Provision:	Estimated Amount:
A. Bequest in Will or Living Trust	\$ _____
B. Life Insurance Policy Beneficiary Policy Type: <input type="checkbox"/> Term <input type="checkbox"/> Whole Life	\$ _____
C. Beneficiary Designation in My/Our Retirement Plan/IRA/401k	\$ _____

- D. (1) Life Income Plan:
- Charitable Remainder Trust
 - Charitable Gift Annuity
 - Charitable Lead Trust
- (2) Payout Rate Percentage: _____
- (3) Date of Birth
of Income Beneficiary: ___/___/___ \$ _____
- E. Donor Advised Fund at
a Community Foundation \$ _____
- F. Certificate of Deposit–Payable on Death (POD)
to Morton Plant Mease Foundation \$ _____
- G. Other Method – (Please describe)
- _____
- _____
- _____

We welcome any attachments or excerpts from your estate plan which further describe the nature of your gift to Morton Plant Mease Foundation.

If you have a specific purpose or program to which you want your gift designated, please describe as follows:

If the purpose described no longer exists and cannot be supported with your gift, may we use your gift for another useful purpose determined by Morton Plant Mease Foundation?

YES NO

If not and you have another purpose in which your gift should be used, please describe it here:

May we publish your name(s) in order to honor you and to further encourage others to participate in support of Morton Plant Mease Foundation, Inc.

YES

NO

Thank you for your support of the Morton Plant Mease Foundation. By giving to this Foundation, you enhance the ability of the Morton Plant Mease Health Care System to provide the highest quality medical care to our community.

Signature: _____

Date: _____

1200 Druid Road South • Clearwater, FL 33756 • (727) 462-7036 • Fax (727) 461-8131
mpmfoundation@baycare.org ❖ www.mpmfoundation.org

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. MORTON PLANT MEASE FOUNDATION, FLORIDA REGISTRATION #CH321, RECEIVES 100% OF ALL CONTRIBUTIONS AND DOES NOT USE PROFESSIONAL FUNDRAISING SOLICITORS. Please write to us at our address if you wish to have your name removed from the list to receive fund-raising requests supporting the hospitals of Morton Plant Mease Health Care and their affiliates.