

**ESTATE GIFT COMMITMENT
FORM**

I/We are pleased to advise Baylor Scott and White Dallas Foundation (the Foundation) of Dallas, Texas, that I/we have provided for an estate gift benefitting Baylor Scott & White Health as specified below. The Foundation may record my/our intention. The Foundation will be notified of any future changes that may substantially affect this gift. I/We request all information listed below be kept in confidence unless I/we authorize its release.

Printed Name(s)

Telephone Number

Street Address

City

Zip

____ **Bequest by Will or Trust** of \$ _____ or _____ % of estate.
The estimated current value is \$ _____.

____ **Retirement Plan/IRA** Beneficiary Designation.
The current percentage is ____%. The estimated current value is \$ _____.

____ **Life Insurance** Beneficiary Designation. The estimated current value is \$ _____.
____ The Foundation is the sole beneficiary.
____ The Foundation is a beneficiary of ____ % of the life insurance proceeds.

____ **Other** (specify): _____

Gift Designation: _____

Donor Signature

Date of Signature

Date of Birth

Donor Signature

Date of Signature

Date of Birth**BOONE POWELL SR. SOCIETY**

The Boone Powell Sr. Society honors donors who have established planned gifts for Baylor Scott and White Health or informed the Foundation of estate gifts. We would like to acknowledge your gift when we list members of the Boone Powell Sr. Society in future Foundation publications. No information other than the donor's name is provided.

____ I would be pleased to be included in the Boone Powell Sr. Society. The name(s) should appear as:

____ I/We prefer to remain anonymous. Do not list my name on any publications.