

**TOMAGWA HealthCare Ministries:
ESTATE INTENTION & COMMUNITY SHIELD MEMBERSHIP FORM**

Thank you for deciding to include TOMAGWA in your estate plans. To help us properly acknowledge your generosity, please answer the following questions by filling in or circling your answers when applicable. Even if you choose to remain anonymous, we hope that you will join *Community Shield* so that we may invite you to our special events and provide you other special membership privileges. All information is confidential. We recognize that this does not constitute a binding commitment or the legal promise of any future donation to TOMAGWA. We understand that bequests are revocable and that your estate plans may change.

I/we have made arrangements for a gift to TOMAGWA through:

- _____ a bequest in a will or a trust: contingent non-contingent
contingent on (i.e., being preceded in death by spouse, child, etc.)

- _____ a trust: revocable irrevocable
- _____ an annuity
- _____ a life insurance policy
- _____ retirement plan assets
- _____ real estate assets
- _____ other _____

We estimate the value of this commitment* to be: Amount: \$ _____

- | | | |
|----------------------------------------------------|------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> \$10,000 - \$49,999 | <input type="checkbox"/> \$50,000 - \$99,999 | <input type="checkbox"/> \$100,000 - \$249,999 |
| <input type="checkbox"/> \$250,000 - \$499,999 | <input type="checkbox"/> \$500,000 - \$999,999 | <input type="checkbox"/> \$1,000,000 - \$1,999,999 |
| <input type="checkbox"/> \$2,000,000 - \$2,999,999 | <input type="checkbox"/> \$3,000,000+ | |

Planned gifts will benefit TOMAGWA HealthCare Ministries.

*If possible, please include a copy of the page(s) of the document that pertain(s) to this commitment if applicable. I understand the information I provide in this document is being used to help TOMAGWA know my intentions and is not a legally binding document or pledge.

TOMAGWA HealthCare Ministries is not a professional financial advising organization. The information provided in this form should not be considered financial or legal advice. You should consult with a financial advisor and a legal advisor to determine what may be best for your individual needs.

SUGGESTED LANGUAGE OF CHARITABLE BEQUESTS AND BENEFICIARY DESIGNATIONS

"I give, devise, and bequeath to the governing board of TOMAGWA HealthCare Ministries for the use and benefit of TOMAGWA at Tomball and/or TOMAGWA at Magnolia."

(a 501(c)(3) organization with a federal tax ID of no. 76-0280324):

- (Cash Bequest) the sum of _____ dollars (\$_____).
- (Percentage of Estate) _____percent (____%) of my estate.
- (Residuary Bequest) the remainder of my estate.
- (Stock/Personal Property) _____ shares of stock of _____ Corporation.

This gift shall be for the further benefit of the _____ [TOMAGWA at Tomball and/or TOMAGWA at Magnolia] and shall be used:

- In accordance with the terms of the most recent written directive I have signed with TOMAGWA, or, if none exists,
- This gift is in honor or memory of _____/N.A.
- I/we would like the gift to be used for the priorities of TOMAGWA at the time the gift is made within TOMAGWA's objects and purposes/TOMAGWA's unrestricted use: Yes/No

The property comprising this gift may, for investment purposes, be merged with any of the investment assets of TOMAGWA in accordance to TOMAGWA's wishes, but the gift shall be entered in the TOMAGWA's books and records as a fund known as THE _____ FUND.

- Instead for the following purpose(s): _____(specific portion of the clinic such as medical, dental, pharmacy, specific program or function, etc.)/N.A.

The property comprising this gift may, for investment purposes, be merged with any of the investment assets of TOMAGWA in accordance to your chosen purpose(s), but the gift shall be entered in the TOMAGWA's books and records as a fund known as THE _____ FUND.

If, in the judgment of TOMAGWA, changed circumstance should at some future time render the designated use of this gift no longer appropriate, then TOMAGWA shall use the gift to further the objects and purposes of TOMAGWA, giving consideration to my/our special interest as evidenced by the purpose(s) above

- As directed by the executive director of TOMAGWA.

If you wish to restrict your gift to a specific portion of the clinic or a specific program or function, please contact the development team at TOMAGWA to determine wording that will ensure your gift's use according to your intentions. To elaborate on your intentions, email Legacy@tomagwa.org.

COMMUNITY SHIELD MEMBERSHIP

I would like to join *Community Shield*: Yes/No

Please specify how you would like your name to appear in *Community Shield's* listings:

TOMAGWA may list my/our name(s) as follows: _____

(Please Print)

Listing Preference: _____ (e.g., Mr.,Mrs.,Mr. and Mrs.,Ms.,Sir,etc.)

I/we give the development team at TOMAGWA permission to share my/our story and planned giving in marketing materials: Yes/No

I/we prefer to remain anonymous. Please do not list my name/our names or share my/our story and planned giving in marketing materials or display my/our name(s) anywhere: Yes/No

Please print name(s)

Birthdate(s) _____

Anniversary date if applicable _____

X _____
Signature

Date

Once you have completed this form, you may either send it to Legacy@tomagwa.org or visit our Tomball location to leave it with a member of the development team. Thank you!