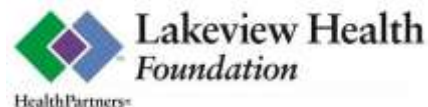


Lakeview Health Foundation Planned Gift Declaration Form



Believing in the mission of the organization, I have made a provision in my estate plan to support the work of the Lakeview Foundation.

The type of gift I have provided for is:

- | | |
|---|--|
| <input type="checkbox"/> a bequest in my will | <input type="checkbox"/> retirement plan beneficiary designation |
| <input type="checkbox"/> a living revocable trust | <input type="checkbox"/> life insurance beneficiary designation |
| <input type="checkbox"/> a charitable remainder trust | <input type="checkbox"/> other _____ |

Approximate Value \$ _____ to be used for _____

Please check the box if you would not like your name(s) to be published in the Lakeview Health Foundation Annual Report and donor recognition wall:

Please print how you would like your name(s) listed: _____

Name of Donor: _____
(PLEASE PRINT) (PLEASE SIGN)

Name of Donor: _____
(PLEASE PRINT) (PLEASE SIGN)

Donor's Address: _____

Donor's Telephone: (H) _____ (C) _____

Donor's Date(s) of Birth: _____

Date Signed: _____

Name of Attorney/Executive/Administrator/Witness:

Legal Name: Lakeview Memorial Hospital Foundation
AKA **Lakeview Health Foundation**
Address: 927 Churchill Street W, Stillwater, MN 55082
Phone: (651) 430-4556 Fax: (651) 430-4528
Federal Tax ID #: 41-1386635
Contact Person: Paul Erickson, Executive Director , Paul.L.Erickson@lakeview.org

This form does not create a binding legal obligation and the donor may revoke the described gift at any time. This form and the information contained in it are confidential and will not be shared outside of the Lakeview Foundation.

www.lakeviewfoundation.org