



In celebration of the critical role that Mammoth Hospital plays in the communities of the Eastern Sierra, I/we are pleased to have included the Mammoth Hospital Foundation in our estate plans. I/we understand this document is not legally binding and that I/we may choose to add, subtract, or revoke this intention at any time. We share this information to help the Mammoth Hospital Foundation build strength and sustainability.

Name \_\_\_\_\_

*Name(s) as you would like to be recognized*

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Phone(s) \_\_\_\_\_ Email(s) \_\_\_\_\_

**My/our intention is to support Mammoth Hospital as a beneficiary of my/our:**

- |  |   |
|--|---|
| <input type="checkbox"/> Will/Living Trust     | <input type="checkbox"/> Donor Advised Fund         |
| <input type="checkbox"/> Retirement Plan       | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Charitable Gift Annuity    |
| <input type="checkbox"/> Other _____           |   |

**For planning purposes only**, the value of the gift is approximately \$ \_\_\_\_\_, or \_\_\_\_\_% of my/our estate (this amount is kept confidential).

- You may publish my/our name(s) in your donor list to inspire others to leave a legacy.
- I/We would like this to remain anonymous.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Donor Signature

Date of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Mammothhospitalfoundation.com  
Tax ID: 20-2601653  
(760) 924-4128 or Foundation@mammothhospital.com

**85 Sierra Park Road PO Box 100 PMB 487 Mammoth Lakes, CA 93546**