Cone Health's *Legacy Leadership Circle*Declaration of Legacy Gift Intent/Confidential



I/We are pleased to inform you of a planned gift to benefit The Moses H. Cone Memorial Hospital Operating Corporation d/b/a Cone Health.* I understand that this commitment is revocable and can be modified at any time. I also understand that Cone Health is not providing legal or tax advice to me concerning this, or any other planned gift.

Name			
Address	City	State	Zip
Cell/Home Phone	Email		
Type of Gift:		Current '	Value (optional):
☐ Gift by Will ☐ Outright beques ☐ Gift of Property	st 🗌 Residual bequest (_		
Please describe:			
☐ Designation of Retirement Plan Assets			
☐ Designation of Life Insurance Policy			
☐ Charitable Trust	دا مامام	\$	
☐ Irrevocable ☐ Revocable ☐ Other			
		\$	
Fund/Facility, Service L			
	nated):		
(10) Which gift is desig	nated)		
Special gift instructions	(option		
☐ I/We want to be reco	gnized as members of	the Legacy Leaders	hip Circle.
☐ I/We would like our le	egacy gift to remain an	ionymous.	
		-	
Signature			Pate
Signature		Γ	Pate
Please return form to:	Cone Health Philant 1200 North Elm St. Greensboro, NC 274		

*Cone Health affiliated hospitals include Moses Cone, Women's & Children's, Wesley Long, Behavioral Health, Annie Penn and Alamance Regional Medical Center