



FOUNDATION

PULLMAN REGIONAL HOSPITAL

Pathways to a healthy future

Pullman Regional Hospital Foundation

Bequest Intention Form

Pullman Regional Hospital (PRH) is profoundly grateful for the vision and generosity of those who leave a bequest in their will or trust to support our future mission to enhance the health and wellness of the people we serve.

For you and for your advisor's consideration, we offer the following language to include in a will or trust document:

"I give \$ _____ or _____ % of the residue of my estate (or otherwise describe the property) to the Pullman Regional Hospital Foundation, a tax exempt 501(c)(3) organization with a federal taxpayer identification number of 91-6028220, located at 840 SE Bishop Blvd, Suite 200, Pullman, WA 99163, phone: 509-332-2046.

Our Request to You: in addition to returning this form, would you please provide a copy of the wording from your will or trust pertaining to your bequest? All information will be held confidential. This information allows the Foundation to record your intentions in our records to insure that your wishes are fulfilled in the future.

With your permission, the Pullman Regional Hospital Foundation would also like to recognize you as a member(s) of the Legacy Society. No information other than your name (s) will be listed.

Please complete:

Your Name(s): _____

Street, City ZIP: _____

Phone: _____ Email: _____

Affiliation or Relationship to PRH (if any): _____

Date(s) of Birth: _____

Amount or percentage of your future bequest (optional): _____

Purpose: _____ Unrestricted/Where need is greatest.

_____ Other (specify program): _____

Please check one:

Please include my/our name(s) on the Legacy Society list. Recognition should appear as:

Please DO NOT include my/our name(s) on the Legacy Society list. List as Anonymous.

Signature

Date

Signature

Date

Thank You

Pullman Regional Hospital Foundation
Attn: Kim Cook
840 SE Bishop Blvd, Suite 200, Pullman, WA 99163
509-332-2046