

# Letter of Intent for a Future (Estate) Gift

As evidence of my/our desire to provide a legacy of support to Premier Community HealthCare Group, Inc., I/we hereby inform Premier Community HealthCare Group, Inc. that I/we have made a provision for a gift to Premier Community HealthCare Group, Inc. in my/our estate plan. I/we understand that this commitment is revocable and can be modified by me/us at any time.

_____		_____	
Name		Date of Birth	
_____		_____	
Second name (if joint gift)		Date of Birth	
_____			
Address	City	State	Zip
(_____) _____	(_____) _____	_____	_____
Phone	Fax	E-Mail	

It is my/our intent to leave a legacy to Premier Community HealthCare Group, Inc. through my/our:

- Will                       Retirement Plan Assets                       Life Insurance Policy  
 Living Trust                       Charitable Remainder Trust \*  Other \_\_\_\_\_

I/we wish to inform Premier Community HealthCare Group, Inc., for long term planning purposes, that as of this date, the value of my gift is: \$\_\_\_\_\_.\*\* (If your gift is a percentage of your estate, please indicate the approximate present value of that percentage.) I/we understand that, by stating an amount, my/our sole discretion. (Premier Community HealthCare Group, Inc. requests notification any time you make changes or adjustments to your gift.)

Please designate this gift to benefit the following site, program, or “where the need is greatest”.

Feel free to publish my/our name among your lists of donors as a motivation for others to leave a future gift to benefit Premier Community HealthCare Group, Inc. I/we wish my/our name(s) to appear as:

Do not publish my/our name(s) on any donor roster (this is an anonymous gift).

\_\_\_\_\_  
Date                                      Donor(s) Signature                                      Notary

\*If your CRT beneficiary designation is irrevocable, please enclose a copy of the trust document.  
\*\*We hope you will share the approximate amount of your gift with us so that the benefiting site or program will know of your generosity and be able to recognize you properly. It is also helpful to provide any supporting documentation which you may be able to share. Please attach.

Premier Community HealthCare Group, Inc.  
P.O. Box 232  
Dade City, Florida 33526

**Premier Community  
HealthCare Group, Inc.**  
*A Family Community Health Center*



*Partners Together in Healthcare*