

# GUNDERSEN MEDICAL FOUNDATION

## Letter of Intent for Estate Gift

I/we wish to provide for the future well-being of the Gundersen Medical Foundation through a provision in my/our estate plans, and with this letter we are informing the Foundation of our plans. I/we understand that this future commitment can be revoked or modified by me/us at any time.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address, City, State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

I/we have made a provision to leave a legacy to Gundersen Medical Foundation through my/our:

\_\_\_\_ Will

\_\_\_\_ Retirement Plan or IRA

\_\_\_\_ Other

\_\_\_\_ Living Trust

\_\_\_\_ Life Insurance Policy

\_\_\_\_ You may publish my/our names in your lists of Legacy Society members as a motivation for others to leave a future gift to benefit Gundersen Medical Foundation. Please list name(s) this way for Legacy Society recognition.

\_\_\_\_ I/we do not want my/our names published and wish to remain anonymous.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Gundersen Medical Foundation  
Attn: Mary Freybler  
1836 South Avenue, C03-006  
La Crosse, WI 54601  
(608)775-6600 or 1-800-362-9567 ext. 56600