

# The Legacy



*The Baptist Legacy, the MTMC Legacy and the Saint Thomas Legacy are each made up of individuals who have named one of our hospital foundations as a beneficiary in their will or estate plan, or who have documented us as a beneficiary of a planned gift.*

**I have named (circle one) Baptist Hospital Foundation, MTMC Foundation or Saint Thomas Foundation as a beneficiary in my will or estate plan.**

Your hospital foundation will receive a specific dollar amount (\$\_\_\_\_\_) or percentage (\_\_\_\_%) of my estate currently valued at \$\_\_\_\_\_.

If you have designated specific property from your will or estate, please describe:

---

---

---

---

---

If you have made a hospital foundation a beneficiary of a trust, please provide the type and terms of the trust:

---

---

---

---

If you have named a hospital foundation as a beneficiary of your life insurance policy, please describe:

---

---

---

- I have documented (circle one) Baptist Hospital Foundation, MTMC Foundation or Saint Thomas Foundation as a beneficiary or recipient of a planned gift.

Please describe type and anticipated amount of planned gift:

---

---

**Please contact me to:**

- Tell me more about planned giving opportunities  
 Structure a planned gift

**I would like more information about giving through:**

- |  |   |
|--|---|
| <input type="checkbox"/> My Will                     | <input type="checkbox"/> Securities     |
| <input type="checkbox"/> Charitable Remainder Trusts | <input type="checkbox"/> Real Estate    |
| <input type="checkbox"/> Charitable Lead Trusts      | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Retirement Plans            | <input type="checkbox"/> Gift Annuities |
| <input type="checkbox"/> Life Income Plans           |   |

Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_

Spouse: \_\_\_\_\_ D/O/B: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_(Home) \_\_\_\_\_(Office) \_\_\_\_\_(Cell)

E-mail: \_\_\_\_\_

Advisors, Trustees, or others involved your plans included above:

---

*Please enclose the pertinent portion of your will, trust or other documentation with this form. This information will be held in strictest confidence. Our planned giving staff will be happy to assist you in the design or implementation of a planned gift. Thank you for your generosity.*

**Saint Thomas Health Services Fund  
2000 Church Street, Nashville, TN 37236  
Phone: (615) 284-2678**

---

**Email: [jhenderson@stthomas.org](mailto:jhenderson@stthomas.org)**

---