



**SUMMA FOUNDATION**  
**Estate Provision Intention Form**  
*Non-Binding & Confidential*

**I/WE ARE PLEASED TO INFORM YOU THAT MY/OUR:**

\_\_\_\_\_ Will \_\_\_\_\_ Trust \_\_\_\_\_ Retirement Plan \_\_\_\_\_ Life Insurance \_\_\_\_\_ Other

...INCLUDES A PROVISION FOR SUMMA FOUNDATION

\_\_\_\_\_ Summa Health (*Area of Greatest Need*)

OR

\_\_\_\_\_ Designated Fund or Medical Area: \_\_\_\_\_

The approximate amount of my/our bequest, based on today's value, is:

- \$ \_\_\_\_\_ OR
- |  |  |
|--|--|
| <input type="checkbox"/> \$100,000 - \$249,000 | <input type="checkbox"/> \$750,000 - \$999,000     |
| <input type="checkbox"/> \$250,000 - \$499,000 | <input type="checkbox"/> \$1,000,000 - \$1,499,000 |
| <input type="checkbox"/> \$500,000 - \$749,000 | <input type="checkbox"/> \$1,500,000 - \$1,999,000 |
|  | <input type="checkbox"/> \$2,000,000 or above      |

OR

\_\_\_\_\_ % Percentage of Total Estate      Approximate Value\$ \_\_\_\_\_

Copy of Estate Planning Document Attached

Please list my/our name(s) for recognition purposes in Summa publications as follows:

\_\_\_\_\_

**Please type or print**

Please recognize my/our gift in memory/honor of (insert below) in Summa publications:

\_\_\_\_\_

**Please type or print**

I/We wish to remain anonymous

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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***Thank you for your commitment to Summa Health and your investment in our future.***

**Please return form to:**

Summa Foundation, 141 N Forge St, Akron, OH 44304  
 Phone: 330.375.3159; Email: [foundation@summahealth.org](mailto:foundation@summahealth.org)