



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 ☐ \$100,000 - \$249,000 ☐ \$750,000 - \$999,000
☐ \$250,000 - \$499,000 ☐ \$1,000,000 - \$1,499,000
☐ \$500,000 - \$749,000 ☐ \$1,500,000 - \$1,999,000
☐ \$2,000,000 or more

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

Name(s)

Date(s) of Birth

Signature

Date

Signature

Date

Attorney / Advisor Name

Phone

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

Please return form to:

Barbara R. Boyce, Senior Director, Gift Planning
Summa Health Foundation, 141 North Forge Street, Akron, OH 44304