

# The Legacy SOCIETY

OF NORTHRIDGE HOSPITAL FOUNDATION

## The Legacy Society Pledge Form

Confidential

Thank you for your interest in becoming a member of the Northridge Hospital Foundation's Legacy Society. By pledging this generous gift in your Living Trust or Will, you are creating your lasting legacy in our community. Your plans will be followed exactly as you outline them and your instructions to us can be changed at any time with a simple phone call to the Foundations office.

Understanding your wishes for the gift is extremely important to us. Please help us understand your goals by answering these questions.

1. Please tell us more about the intended use or purpose of the gift.

- I/We intend to leave an unrestricted gift, enabling Northridge Hospital Medical Center to use the gift to address the greatest need at the time the funds become available.
- I/We want to designate the gift for a specific program or purpose as follows:  
\_\_\_\_\_

2. My/Our gift to Northridge Hospital Foundation will be funded by one or a combination of the following:

- A gift in my will or trust.
- A percentage of an IRA or other qualified retirement plan.
- A beneficiary of a life insurance policy.
- A beneficiary of a charitable remainder trust.
- Other: \_\_\_\_\_

Estimated value of gift:

- Specific Amount \$ \_\_\_\_\_
- Percentage of my estate \_\_\_\_\_ % Estimated to be \$ \_\_\_\_\_

3. It is especially helpful to have a copy of the portion of your Will, Trust or Beneficiary Designation form that pertains to your gift. To ensure that we receive your intended gift, it is helpful for us to have this information on file.

Please check this box if you are attaching documentation for our files.

4. Please provide the information requested below.

Check here if this is a joint gift.

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

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check this box if you would like your gift to remain anonymous.

Please send the completed form to:  
Northridge Hospital Foundation  
C/O Adam Pilder  
18300 Roscoe Boulevard  
Northridge, CA 91328

If you have any questions in preparing your Will or Living Trust to include Northridge Hospital Foundation, please contact Adam Pilder at 818.885.5341 ext. 1 or email Adam.Pilder@Commonspirit.org