

**The Riverside Lightkeepers Circle**  
**Letter of Intention and Acceptance of Membership**  
**Riverside HealthCare Foundation**

As an expression of my/our commitment to the mission of Riverside HealthCare, I/ We am/are making provisions to perpetuate my/ our support through:

- |  |   |
|--|---|
| <input type="checkbox"/> A Will                    | <input type="checkbox"/> Other (Please Specify Below)   |
| <input type="checkbox"/> A Trust Agreement         |   |
| <input type="checkbox"/> A Life Insurance Policy   | <input type="checkbox"/> _____<br>I/ We am/are considering this or are in process to update our estate. |
| <input type="checkbox"/> A Charitable Gift Annuity |   |
| <input type="checkbox"/> An IRA or Retirement Plan |   |

I understand planned gifts may be designated to Riverside HealthCare Foundation toward a specific program or facility, or they may be designated to the *Greatest Need Fund* to benefit a Riverside HealthCare program or facility with an emerging, strategic need or goal. I have directed my gift to Riverside HealthCare Foundation to be used for the following program/facility:

- |   |  |
|---|--|
| <input type="checkbox"/> Greatest Need Fund | <input type="checkbox"/> Cancer        |
| <input type="checkbox"/> Scholarships       | <input type="checkbox"/> Neurosciences |
| <input type="checkbox"/> Senior Living      | <input type="checkbox"/> Other _____   |

**This Letter of Intention is an expression of my present plans, is subject to revocation or modification by me, and is not legally binding on my estate or me.** I understand that planned gifts that are subject to revocation may NOT be eligible for naming opportunity rights. Typically, naming rights are reserved for cash donations or irrevocable gifts.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Spouse Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*                      *State*                      *Zip*

I ask to be listed as below in publications recognizing me as a participant in The Riverside Lightkeepers Circle. *Listing of names is often motivating and exemplary to others.*

Name(s) \_\_\_\_\_  
(Please print names(s) exactly as you want it/ them to appear)

- Please keep my gift anonymous.

Please send sample bequest information for my attorney's review.

Attorney Name \_\_\_\_\_

Address \_\_\_\_\_

Once this document is received, the Riverside HealthCare Foundation will acknowledge your intention by signing this document and then returning it to you for your files. A copy will be kept with our confidential records.

GRATEFULLY ACKNOWLEDGED BY \_\_\_\_\_  
*President and CEO*

On \_\_\_\_/\_\_\_\_/\_\_\_\_.

Your intention to provide for the ongoing support of our community will help Riverside HealthCare plan for the future with confidence. If your plans do not yet include Riverside HealthCare Foundation and you would like more information on remembering us in your estate plans, please contact us at the address below.

Thank you for returning this Letter of Intention to:

Riverside HealthCare Foundation  
Attention: Matt McBurnie  
Executive Director  
350 North Wall Street  
Kankakee, IL 60901  
(815) 933-7799  
(815) 933-1681 (fax)  
[Matthew-mcburnie@riversidehealthcare.net](mailto:Matthew-mcburnie@riversidehealthcare.net)