



Foundation at  
Verde Valley Medical Center

**Statement of Testamentary Provision – Caring Legacy Form**

\_\_\_\_\_  
Name(s)

This document will be used by the Foundation at Verde Valley Medical Center (VVMC) to enroll you in our **Caring Legacy Society**. This society honors your intent to remember VVMC (including all its campuses, programs, and services) in your estate. As a **Caring Legacy Society** member, your name will be listed in our annual report, on our Web site, and on our donor wall at the Cottonwood Campus (unless you request to remain anonymous).

\_\_\_ VVMC may list me/us in the **Caring Legacy Society**, and list my/our name in donor recognition publications, with the hope of inspiring others to give;

\_\_\_ Please **do not** list my/our name(s) as **Caring Legacy Society**, Legacy Circle member(s). I/We prefer to remain anonymous.

As an indication of my/our support for VVMC’s mission – *To improve the health of the people and communities VVMC serves* – I/we certify that I/we have made an estate provision for VVMC as follows:

**DESCRIPTION:**

General description (Will, Revocable trust, Retirement account, other – please describe):

\_\_\_\_\_

**PURPOSE:**

\_\_\_ The gift is unrestricted and may be used where the need is greatest at the time.

\_\_\_ The gift is to be used for the following purpose(s): \_\_\_\_\_

*(If you are so inclined, please complete the following information.)*

I/We understand that the following information is for VVMC **planning purposes only**. With the understanding that values are subject to change and my/our plan is subject to change, I/we expect our future gift to VVMC to be valued at approximately: \$ \_\_\_\_\_, based on the value of my/our estate as of today. My/Our gift will be made through (percentage of total estate, specific dollar amount, etc.):

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Thank You! Please return this form to the Foundation via fax to 928 639-6050 or through the mail to:

VVMC Foundation  
269 S. Candy Lane  
Clemenceau #105  
Cottonwood, AZ 86326