

# Tracy Hospital Foundation

## Suggested Bequest Language

### Overview

Your Will or Revocable Trust should be drafted or amended by an attorney knowledgeable in estate planning and the laws of the state in which you reside. Please think about these options before meeting with your attorney and ask the attorney to use this language.

Choose one or more of the following options:

\_\_\_% of my estate

\_\_\_ the residue of my estate

\_\_\_% residue of my estate

\$\_\_\_\_\_ (fixed dollar gift)

\_\_\_\_\_ (description; for example, real estate, securities, etc.)

### Unrestricted Gift

I give and devise to Tracy Hospital Foundation of Tracy, California, Tax ID # 68-0318845 ("Foundation"), \_\_\_\_\_ (insert percent or dollar amount) to be used where the need is greatest as determined by the Foundation's Board of Trustees.

### Designated Gift

I give and devise to Tracy Hospital Foundation of Tracy, California, Tax ID # 68-0318845 ("Foundation"), \_\_\_\_\_ (insert percent or dollar amount) to be used to support \_\_\_\_\_ (insert description of specific purpose, for example a department, service or program) at Sutter Tracy Community Hospital, Tracy, California.

However, if at some future time the Board of Trustees of Tracy Hospital Foundation determines it has become impossible or impractical to effectively administer the gift for the purpose specified (e.g. because a specified department, service or program no longer exists or its operation has been substantially reduced or changed) then the gift shall be used where the need is greatest at Sutter Tracy Community Hospital, Tracy, California as determined by the Foundation's Board of Trustees.

### Endowment Gift

I give and devise to Tracy Hospital Foundation of Tracy, California, Tax ID # 68-0318845 ("Foundation"), \_\_\_\_\_ (insert percent or dollar amount) to be used in the establishment of an endowed fund,

\_\_\_\_\_ (insert name of fund) (“Fund”) to support \_\_\_\_\_ (insert designated department, service or program). The earnings from the Fund are to be distributed by Tracy Hospital Foundation per the policies of Tracy Hospital Foundation.

**We're here to help**

If you have any questions or need help with specific language, please contact us. Your inquiry will be held in confidence and implies no obligation. Thank you.

Becky Thompson

Director of Planned Giving, Valley Area

(916) 887-7067

[ThompsRM@sutterhealth.org](mailto:ThompsRM@sutterhealth.org)