

ESTATE GIFT COMMITMENT FORM

I/We are pleased to advise Baylor Scott and White Dallas Foundation (the Foundation) of Dallas, Texas, that I/we have provided for an estate gift benefiting Baylor Scott & White Health as specified below. The Foundation may record my/our intention, with the understanding that this estate gift is revocable during my/our lifetimes (s). The Foundation will be notified of any future changes that may substantially affect this gift. I/We request all information listed below be kept in confidence unless I/we authorize its release.

Printed Name(s) Telephone Number

Street Address City Zip

My gift is from:

- | | | |
|---|---|--|
| <input type="checkbox"/> Bequest in my will or living trust | <input type="checkbox"/> Life insurance policy | <input type="checkbox"/> Brokerage or bank account |
| <input type="checkbox"/> IRA or pension plan | <input type="checkbox"/> Charitable remainder trust | <input type="checkbox"/> Other: _____ |

Based on my current estate plan, BSW Dallas Foundation is named to receive a:

Specific amount of \$ _____ or _____ % currently estimated at \$ _____

Gift Designation: _____

Donor Signature

Date of Signature

Date of Birth

Donor Signature

Date of Signature

Date of Birth

BOONE POWELL SR. SOCIETY

The Boone Powell Sr. Society honors donors who have established planned gifts for Baylor Scott and White Health or informed the Foundation of estate gifts. We would like to acknowledge your gift when we list members of the Boone Powell Sr. Society in future Foundation publications.

No information other than the donor's name is provided.

I/We would be pleased to be included in the Boone Powell Sr. Society. The name (s) should appear as:

I/We prefer to remain anonymous. Do not list my name on any publications.