

232 S. Woods Mill Road Chesterfield, MO 63017 www.stlukes-stl.com

ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITALS LEGACY SOCIETY INTENT FORM

Thank you for supporting St. Luke's Episcopal-Presbyterian Hospitals. Your legacy gift will help our healthcare's ministry continue its work to improve the health and wellness of our community.

Name	
Address	
City, State, Zip	
Telephone:	_ E-Mail Address:
Intent Information: I/We will provide a gift through my/our This commitment is established as fol	r estate to St. Luke's Episcopal-Presbyterian Hospitals. llows:
	state% or 🗖 Stated Gift Amount \$ piscopal-Presbyterian Hospitals listed as beneficiary)
My/Our gift should be directed as for Area of greatest need for St. Luke's ☐ Operating and capital needs of St. ☐ Operating and capital needs of St. ☐ Specific medical specialty, program	s healthcare ministry
	(Please indicate)
Recognition: ☐ This gift should be recognized in Si	t. Luke's Hospital publications in the following manner:
(Please	e print name recognition listing)
☐ This gift should remain anonymous	s and not included in any donor recognition displays.
Estate Contact Information: Name	
Address	
City, State, Zip	
	_E-Mail Address:
Donor Signature	 Date

Please Return This Form To: Attn: Office of Development, St. Luke's Hospital, 232 South Woods Mill Road, Chesterfield, MO 63017; Phone: (314) 205-6230; Email: sharon.mertzlufft@stlukes-stl.com

Completion of this form is a notification of intent only and not intended to be legally binding. Please discuss your planned giving intentions with your professional financial and legal advisors. St. Luke's Episcopal-Presbyterian Hospitals is a tax-exempt nonprofit organization recognized by section 501(c)(3) of the Internal Revenue Code.