



## SUMMA FOUNDATION

### GP5 – Attachment D

#### Estate Provision Intention Form

#### *Non-Binding & Confidential*

**I/WE ARE PLEASED TO INFORM YOU THAT MY/OUR:**

\_\_\_\_ Will    \_\_\_\_ Trust    \_\_\_\_ Retirement Plan    \_\_\_\_ Life Insurance    \_\_\_\_ Other

**...INCLUDES A PROVISION FOR SUMMA FOUNDATION**

\_\_\_\_ Summa Health (*Area of Greatest Need*)

Or

\_\_\_\_ Designated Fund or Medical Area: \_\_\_\_\_

The approximate amount of my/our bequest, based on today's value, is:

- ☐ \$ \_\_\_\_\_ OR    ☐ \$250,000 - \$499,000    ☐ \$1,000,000 - \$4,999,000  
☐ \$500,000 - \$999,000    ☐ \$5,000,000 or more

☐ Copy of Estate Planning Document Attached

☐ Please list my/our name(s) for recognition purposes in Summa publications as follows:

\_\_\_\_\_  
**Please type or print**

☐ Please recognize my/our gift in memory/honor of (insert below) in Summa publications:

\_\_\_\_\_  
**Please type or print**

☐ I/We wish to remain anonymous

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

\_\_\_\_\_  
Date(s) of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney / Advisor Name

\_\_\_\_\_  
Phone

**Please return form to:**

Summa Foundation, 141 North Forge Street, Akron, OH 44304