



100 Calhoun Street
Suite 210
Charleston, SC 29401
T: (843) 720-1205
F: (843) 724-2820
www.rsffoundation.org

PLANNED GIVING DONOR COMMITMENT FORM

I want to leave a legacy through the Roper St. Francis Foundation as it continues the Roper St. Francis Healthcare mission of healing all people with compassion, faith and excellence.

Name(s)
Address
Email Phone
Date of Birth Spouse Date of Birth
Name(s) for publication

I wish to contribute anonymously. Please do not list my name in publications.

Your minimum commitment of \$5,000 qualifies you as a member of the Legacy Circle.

Table with 2 columns: Type of Provision, Estimated Amount. Rows include Will, Retirement Plan, Life Insurance, Charitable Gift Annuity, Charitable Trust, and Other.

I designate this gift to support:

- Greatest Need
Cancer Care
Heart & Vascular
Neurosciences & Spine Services
Other

Please attach documents which further describe the nature of the above provision(s) in addition to a copy of the section of will or trust in which Roper St. Francis Foundation is mentioned.

Signature Date

Please return this completed form to the Roper St. Francis Foundation. The Roper St. Francis Foundation is a 501(c)(3) (ID #57-1068509). Thank you for your support!

Advancing the Roper St. Francis Healthcare mission of healing all people with compassion, faith and excellence