GIFT INTENTION FORM

Livingston Hospital FOUNDATION

Name: _____ Date: _____

Address (for acknowledgment purposes): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone/Ext: _____

E-Mail: _____

I/We wish to support Livingston Hospital Foundation with a total contribution of

$_____.

I wish to apply my/our gift towards: _____

_____

My/our gift will be made: ◯ Once, in full ◯ Annually ◯ Semi-Annually ◯ Quarterly ◯ Monthly

Commitments will be paid over the course of ◯ 1 year ◯ 2 years ◯ 3 years ◯ 4 years ◯ 5 years

Starting on (date): _____ Payment Amount: _____

Method of Gift Payment

◯ Cash/Check is enclosed (make checks payable to Livingston Hospital Foundation)

◯ Credit Card ◯ Visa ◯ MasterCard ◯ Discover ◯ American Express

Card Number: _____ Exp. Date: _____

Cardholder's Name: _____ SSV Code: _____

◯ Gift of stock (Gifts of stock will require completion of Stock Transfer Instruction Form)

My gift is given:

◯ In memory of: _____ ◯ In honor of: _____

Please send acknowledgment to: _____ Relationship: _____

Selected Naming Opportunity (if applicable):

_____

Note: *Gifts involving naming opportunities will require a formal Gift Agreement to be completed in follow up to this intention form.*

Please return this Gift Intention Form to:

Livingston Hospital Foundation
131 Hospital Drive
Salem, KY 42078
270-988-2299

Livingston Hospital
FOUNDATION

By signing below, I acknowledge that I understand that the reputation of the Foundation and Livingston Hosptial cannot be associated with any immoral or unethical activities, or activities which display a lack of integrity as determined in Livingston Hospital's sole discretion.

Changes of Circumstance: It is the intention of the Foundation to respect your intent. If, however, circumstances change so that the entire amount of the Gift is not received by the Foundation, the Foundation may, at its option retain the Gift to use for a like purpose or an area of greatest need. The Foundation shall, in its discretion, determine that the purpose of the Gift has been fulfilled. If in the determination of the Foundation the purpose of the Gift becomes unnecessary, undesirable, impractical, or impossible to fulfill, the Foundation may direct the remaining balance of any Gift fund to a like purpose or an area of greatest need.

Governing Law and Venue: This Agreement will be governed by and construed in accordance with the laws of the Commonwealth of Kentucky without regard to any conflict of laws, rule, or principle that might refer the governance or construction of this Agreement to the laws of another jurisdiction. Subject to the sovereign immunity of the Commonwealth of Kentucky, any legal proceeding brought in connection with disputes relating to or arising out of this Agreement will be filed and heard in Jefferson County, Kentucky, and each party waives any objection that it might raise to such venue and any right it may have to claim that such venue is inconvenient.

Naming Changes: For gifts in which naming recognition is involved, if a benefactor or honoree requests a change to the name on a plaque or the name of a facility or program (e.g., due to marriage, divorce or corporate merger), the organization will consider the request. If approved, all replacement signage and other related costs shall be at the donor's or honoree's expense.

All contributions are deductible for income tax. A charitable tax receipt will be issued to acknowledge your generosity.

Donor recognition: All gifts will be recognized.
Please print your name(s), organization or honoree exactly as it should appear:

_____

OR ◯ I/We wish my/our gift to remain anonymous

Signature: _____ Date: _____

Foundation Director: _____ Date: _____

For Office use only:

Soft Credit _____ Associated Gift _____

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131 Hospital Drive
Salem, KY 42078
270-988-2299

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