OVERLAKE MEDICAL CENTER
FOUNDATION & AUXILIARIES

OVERLAKE MEDICAL CENTER FOUNDATION
BENEFACTORS SOCIETY

CONFIDENTIAL FORM

Yes, I would like to support exceptional medical care for my community.

- ❑ I have arranged a gift for Overlake through my will or living trust.
- ❑ I have made Overlake the beneficiary of one of the following:
  - ❑ a life insurance policy
  - ❑ an IRA or other retirement plan
  - ❑ a bank account or certificate of deposit
  - ❑ a brokerage account
  - ❑ a commercial annuity contract
  - ❑ other_____
- ❑ I have established a charitable remainder trust that provides for Overlake.
- ❑ I would like to learn about additional ways to support Overlake. Please contact me by:
  - ❑ Phone. The best time to call is _____
  - ❑ Email

_____
Name (Please print)

_____
Telephone Number

_____
Email Address

You can also learn more by: Phoning us at (425) 688-5452
Visiting www.overlakehospital.org/plannedgiving

Thank you for your support!

Please return this form to:

1035 116th Avenue NE
Bellevue, Washington 98004

or fax it to:
(425) 688-5642