

## Prisma Health Office of Philanthropy Notification of Revocable Estate Commitment

## **Legacy Society Form**

As evidence of my/our desire to Health Office of Philanthropy that I/We understand that this comm	at I/We have made pro	ovision for a gift to Prisma H	ealth in my /our estate plan.
With the understanding that valuapproximately \$ my/our estate is not legally bour at any time at my/our sole discre	amount ir nd by this statement a	n today's dollars. I/we under	stand by stating an amount,
Or, the estimated amount of my	y bequest in today's d	ollars is within the followin	g range:
\$25,000-\$	549,999 <u> </u>	\$50,000-\$99,999	
\$100,000-	\$49,999 <u> </u>	\$250,000-\$500,000	
I/we direct that my/our beques	t be used for the follow	wing purpose(s) - complete i	f applicable:
In honor of the care Dr. Gluck to designate to - The W. Larry Research			-
Prisma Health Office of Philanth other donor listingsX Yes			iety Donors in publications and do not list my/our name publicly.
X			3/1/2023
Donor Signature	Print	Donor Name	Date
The Prisma Health Office of Philanthrop of the health system by raising and mar connect donors with their passion for tr Inspire health. Serve with compassion.	naging private gifts, then di ansforming health care in t	irecting those funds and assets acc	ording to each donor's intention. We
Prisma Health-Upstate tax identification	n number is: 81-1723202		CONFIDENTIAL DOCUMENT