

# Norton Regional HEALTH FOUNDATION

***Invest in local health care; invest in your future.***

## **The Norton Regional Health Foundation Legacy Society**

Is health care your passion? Do you wish to ensure health care access in Norton County for the long-term? Become a member of the NRHF Legacy Society!

The NRHF Legacy Society was created to recognize and commend individuals, families and businesses/organizations who have chosen to give, cumulatively, \$50,000 or more to the Foundation. This gift can be made throughout the lifetime of the donor and/or through planned giving. Through a planned or deferred gift, donors can significantly advance the Foundation's mission. A donor may make his or her gift unrestricted so that it can be used in an area where it is needed most, or designate the gift to benefit the donor's particular wishes as it relates to the mission.

As a member of the NRHF Legacy Society, you can ensure that your thoughtfulness today will continue well into the future. All gifts, but particularly planned gifts, can be as unique as each individual who makes them and may be tailored in a way that best serves each donor's financial situation, needs, objectives and wishes, along with those of the Foundation. Among planned gift options include but are not limited to: bequests through a will or living trust, charitable remainder trust, real estate, retirement plans, life insurance, charitable gift annuities, etc. We would be happy to work with you in your gift planning journey, along with your attorney, tax professional and/or investment professional.

### **Becoming part of the *health care legacy* of Norton County**

Members of the Norton Regional Health Foundation Legacy Society have given \$50,000 or more throughout their lifetime to the Foundation and/or have committed a gift through planned giving and notified the Foundation of their planned gift. This notification helps the Foundation plan for the future and allows the donor to be involved in those plans, along with appropriately recognizing (unless anonymity is requested) the donor.

If you as a donor desire to ensure your legacy continues on through enhancing "quality health care for the residents of Norton County and surrounding counties," please complete the Statement of Intent on the back of this page, and return it to:

Katie Allen Wagner  
NRHF Executive Director  
P.O. Box 250  
Norton, KS 67654

Further, donors should also know that they can become a "Founder" of the Norton Regional Health Foundation's Legacy Society when their cumulative giving exceeds \$500,000. Founder members of the NRHF Legacy Society are able to have naming rights appropriate to the gift. Gifts of \$25,000 or more can be endowed to create a health or health care-related program or scholarship based on the donor's wishes, which can also be named for the donor. If you wish to learn more, please visit [http://www.ntcohosp.com/foundation/foundation\\_info.html](http://www.ntcohosp.com/foundation/foundation_info.html) or contact the Foundation at 785-877-3351.

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## NRHF Legacy Society Statement of Intent

**I/We have designated the Norton Regional Health Foundation as beneficiary in my/our estate plan through the following (please check all that apply):**

- Will or living trust
- Charitable remainder trust
- Real estate
- Retirement plans
- Life insurance
- Charitable gift annuities
- Other (please specify): \_\_\_\_\_

**This gift is for (please check one):**

- Unrestricted use (for any hospital & clinics needs)
- Establishing a new fund (please specify your wishes): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Optional) The approximate value of this gift to the Norton Regional Health Foundation is \$ \_\_\_\_\_. (Providing the amount and related legal documentation for the bequest helps the Foundation plan for the future and allows the donor(s) to be involved in those plans.)

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### Donor Information

Donor Name(s) \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The following are member(s) of my planning team. Please list your attorney, tax professional and/or investment professional, as desired and applicable.

\_\_\_\_\_

Can we publicly recognize you?

- Yes, I approve the listing of my/our name(s) as part of the NRHF Legacy Society in NRHF publications, news releases, social media, website and other forms of media as needed.
- No, I request anonymity; please do not publish my/our name(s) as part of the NRHF Legacy Society.

***THANK YOU FOR YOUR GENEROUS SUPPORT OF THE  
NORTON REGIONAL HEALTH FOUNDATION!***