



# DEFERRED ESTATE GIFT

## Minneapolis Heart Institute Foundation

Our mission at the Minneapolis Heart Institute Foundation (MHIF) is to improve the cardiovascular health of individuals and communities here and around the globe. Over 40 years of world-class cardiovascular research and education has been made possible by philanthropic partners like you. **Thank you for your planned gift. This gift will impact cardiovascular advancements for years to come.**

Donor Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Donor Email \_\_\_\_\_ Donor Mobile Phone \_\_\_\_\_

Donor Birthdate \_\_\_\_\_ Donor Birthdate \_\_\_\_\_

### It is my/our commitment to leave a legacy for the benefit of the work happening at the Minneapolis Heart Institute Foundation through my/our:

- Will
- IRA/Retirement Plan
- Life Insurance Policy
- Trust Agreement
- Stocks and/or Securities
- Other: \_\_\_\_\_

I/We wish to inform the Minneapolis Heart Institute Foundation, for long-term planning purposes, that as of this date the estimated value of my/our gift is:  
\$ \_\_\_\_\_  
OR

I/We are leaving a percentage gift of the residue of my/our estate of \_\_\_\_\_%  
(Estimated Value: \$ \_\_\_\_\_).

It is my/our wish that my/our gift is designated towards the:

- Greatest Need
- Other: \_\_\_\_\_

*Please provide MHIF a copy of the applicable excerpts from your will, beneficiary designation, trust agreement, or other documents pertaining to your provision. These will be maintained confidentially in our files.*

### Gift Recognition in the Van Tassel Legacy Society

*Named for founding physician, Dr. Robert Van Tassel, the Van Tassel Society recognizes gifts that go beyond the donor(s) lifetime. These legacy gifts to support Minneapolis Heart Institute Foundation research and education have a lasting impact on the organization.*

You may publish my/our name(s) in your communications and include me/us as members of the Van Tassel Society as an inspiration for others to leave a future gift to benefit the Minneapolis Heart Institute Foundation.

List my/our names as: \_\_\_\_\_

I/we wish to remain anonymous.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If MHIF's Board of Directors determines that a change in circumstances has made a specified purpose of the gift described above impossible, impractical, or not in MHIF's best interests, MHIF shall use the gift to support those of its activities that the Board determines will carry out nearly as practical the spirit of the donor's or donors' general intention to further MHIF's charitable purposes.



#### Office of Development

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EM donorrelations@mhif.org | OFFICE (612) 863-3833 | WEB [mplsheart.org/planned-giving](http://mplsheart.org/planned-giving)