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**CONFIDENTIAL STATEMENT OF TESTAMENTARY PROVISION**

**NAME(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

As an indication of my/our support of the John Paul II Medical Research Institute, I/we am/are pleased to report that I/we have made an estate provision as follows:

- Will    Insurance    Trust    Retirement Plan Assets
- Gift of Stocks    Gift of Property    Other

**Description of Type/Value of Estate Provision**

Description and information about the provision (percentage of estate, description of gift property, insurance description, specific amount, etc.)

\_\_\_\_\_  
With the understanding that values are subject to change, at this time I/we expect the value of my/our future provision to be approximately \$ \_\_\_\_\_.

**Description/Purpose of Future Gift**

I/We have specified that this future gift is to be used for the following purpose(s):  
\_\_\_\_\_  
\_\_\_\_\_.

I do not wish to restrict how the future gift is allocated so long as it is used to further the mission and efforts of the John Paul II Medical Research Institute.

If in the future, it is not feasible to utilize my gift as intended, I give permission for the Board of Directors of the John Paul II Medical Research Institute to use this gift for a similar charitable purpose as deemed appropriate to benefit the John Paul II Medical Research Institute.

**Enclosed is a copy of that portion of my/our Will or other instrument pertaining to the John Paul II Medical Research Institute, or I/we will provide:** \_\_\_\_\_.

( ) Yes ( ) No I/we grant my/our permission to list my/our name with other donors to John Paul II Medical Research Institute.

Signature of Donor(s):

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_