



2500 Crosspark Road, Suite E-108
Coralville, Iowa 52241
Phone: (319) 665-3001
Website: www.jp2mri.org

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 _____