



Planned Giving Language

1. GIFTS UNDER A WILL The following language is an example of wording that may be used to name HealthLink Dental Clinic as a beneficiary of your Last Will and Testament. You may either make a general or restricted gift to HealthLink Dental Clinic. In addition, such gift may be of a specific dollar amount or it may also be of a percentage of your estate.

If you wish to make a restricted gift to HealthLink Dental Clinic, please contact Jenny Salisbury, CFRE at 267.699.0120 or jsalisbury@healthlinkdental.org prior to finalizing your gift.

GENERAL TESTAMENTARY GIFT: SPECIFIC MONETARY AMOUNT: I hereby give and bequeath _____ Dollars (\$ _____) to HealthLink Dental Clinic, Inc., 1775 Street Road, Southampton, PA 18966, or its successors-in-interest, to be used for general charitable purposes.

GENERAL TESTAMENTARY GIFT: PERCENTAGE OF RESIDUE OF ESTATE: I hereby give and bequeath _____ percent (____%) of the rest and residue of my estate to HealthLink Dental Clinic, Inc., 1775 Street Road, Southampton, PA 18966, or its successors-in-interest, to be used for general charitable purposes.

RESTRICTED TESTAMENTARY GIFT: SPECIFIC MONETARY AMOUNT: I hereby give and bequeath _____ Dollars (\$ _____) to HealthLink Dental Clinic, Inc., 1775 Street Road, Southampton, PA 18966, or its successors-in-interest, to be used only for the following charitable purposes: [insert donor restriction].

RESTRICTED TESTAMENTARY GIFT: PERCENTAGE OF RESIDUE OF ESTATE: I hereby give and bequeath _____ percent (____%) of the rest and residue of my estate to HealthLink Dental Clinic, Inc., 1775 Street Road, Southampton, PA 18966, or its successors-in-interest, to be used only for the following charitable purposes: [insert donor restriction].

2. GIFTS FROM A TRUST The following language is an example of wording that may be used in the event HealthLink Dental Clinic is named as a contingent beneficiary of a trust estate. Please keep in mind that such gifts may also be restricted and may be of either a specific dollar amount or a percentage of the trust estate.

If you wish to make a restricted gift to HealthLink Dental Clinic, please contact Jenny Salisbury, CFRE at 267.699.0120 or jsalisbury@healthlinkdental.org prior to finalizing your gift.

[Insert contingency (e.g., Upon the death of my spouse)], the Trustee shall distribute _____ Dollars (\$ _____) to HealthLink Dental Clinic, Inc., 1775 Street Road, Southampton, PA 18966, or its successors-in-interest, free and clear of trust, to be used for general charitable purposes.

3. CONTRACTUAL GIFTS HealthLink Dental Clinic may be named as the beneficiary of an asset that passes outside the terms of a Will or a Trust (e.g., life insurance policy, annuity, IRA, 401(k) or other retirement benefit). Please keep in mind that such gifts may also be restricted. In order to clarify the intention of the donor, the contractual instrument governing the asset should set forth the following as the official recipient of the gift: HealthLink Dental Clinic, Inc., 1775 Street Road, Southampton, PA 18966, or its successors-in-interest. Typically, you will be asked to use the beneficiary forms of the insurance company or retirement plan.

If you wish to make a restricted gift to HealthLink Dental Clinic, please contact Jenny Salisbury, CFRE at 267.699.0120 or jsalisbury@healthlinkdental.org prior to finalizing your gift.

4. GENERAL INFORMATION Below please find some general information that may be beneficial to you in finalizing your estate plan.

Legal Name: HealthLink Dental Clinic, Inc.

Incorporation Details:

- 501(c)(3) organization, classified as a public charity, exempt from federal income tax
- Pennsylvania non-profit corporation

Mailing Address: HealthLink Dental Clinic, 1775 Street Road, Southampton, PA 18966

Please consult with your professional advisor when making gifts to HealthLink Dental Clinic in your estate planning documents.