



Bequest Authorization

I give, devise and bequeath to RML Specialty Hospital, 5601 South County Line Road, Hinsdale, Illinois, the sum of \$_____ (or: _____ percent of the residue of my estate and or other personal property appropriately described) to be used for:

(or: to be used for the area of greatest need, as determined by the RML Board of Directors to best promote the institution's objectives).

Donor Name: _____

Witness Name: _____

Donor Signature: _____

Witness Signature: _____

Date: _____

Date: _____

Please mail completed original form to:

*RML Specialty Hospital
5601 South County Line Road
Hinsdale, IL 6052
Attn: Jennifer Price*