Sample Bequest Language

You and your advisors may use the following sample language to make a bequest (funds, stocks, insurance policy, property, etc.) to The Wallace Medical Concern:

**Legal Name and Address**
The Wallace Medical Concern
124 NE 181st Avenue, Suite 103
Portland, OR  97230
Tax ID: 93-0853709

**Percentage of Estate**
“I give ___% of my estate to The Wallace Medical Concern, a non-profit corporation of the State of Oregon, to be used for general purposes as determined by the Board of Directors.”

**Fixed Amount**
“I give $____ (or describe the real or personal property) to The Wallace Medical Concern, a non-profit corporation of the State of Oregon, to be used for general purposes as determined by the Board of Directors.”

**Residue of Estate (after probate costs and other expenses)**
“I give to The Wallace Medical Concern, a non-profit corporation of the State of Oregon, all (or ____%) of the rest, residue and remainder of my estate, to be used for general purposes as determined by the Board of Directors.”

**Contingent Bequest**
“I give $____ to (name of beneficiary). If (name of beneficiary) does not survive me, this bequest will lapse and pass to The Wallace Medical Concern, a non-profit corporation of the State of Oregon, to be used for general purposes as determined by the Board of Directors.”