

legacy society

GIFT INTENTION FORM

This form is to help you provide information about your deferred gift to Baystate Health Foundation. By sharing this information, you can help ensure your gift will be used in accordance with your wishes.

Name(s): _____

Address: _____

City: _____ State: _____ Zip code: _____

Preferred Phone: _____ Email: _____

Birthdate(s): _____

My/our gift benefiting Baystate Health Foundation (BHF) is: (check all that apply)

Will Life insurance policy naming BHF as beneficiary

Trust Charitable Gift Annuity

IRA or Retirement Account naming BHF as beneficiary

Other _____

How would you like Baystate Health Foundation to use your gift?

(e.g., unrestricted; a particular hospital; a care specialty; education and training; research; etc.)

My/our gift is in honor of: _____

Relation to you: _____

Please complete reverse side as well. Thank you!

Baystate  Health Foundation

Together, you help us deliver a higher state of caring.®

If you are comfortable, please provide an estimate of the current value of your deferred gift to Baystate Health Foundation. All information will be kept confidential. Your gift estimate does not bind you or your estate in any way.

Amount as % or \$ (optional): _____

Legacy Society: With this signed form, we welcome you into our Legacy Society as a recognized or anonymous member, depending on your preference and without disclosure of any gift amount. Membership includes invites to unique gatherings; special mailings; and recognition.

- Yes, I would like to be listed as a member of the Baystate Health Foundation Legacy Society.
- Yes, I would like to be a member but please keep my membership anonymous.
- No, please do not include me in the Baystate Health Foundation Legacy Society.

My/our name should be listed in recognition as:

Signature Date

Signature Date

This document does not bind you or your estate. By signing this form, you are simply acknowledging your current plans to benefit us in the future and are giving us guidance as to your wishes. Thank you.

Please return this form and direct any questions to:

Baystate Health Foundation
Attn: Planned Giving
280 Chestnut Street
Springfield, MA 01199

Kylie Johnson
413-794-7789
kylie.johnson@baystatehealth.org

All information will be kept strictly confidential.