

Estate Gift Intention Form - Confidential

I/we have decided to support the mission of Newton-Wellesley Hospital through a planned gift

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date(s) of Birth: _____

Your Gift Intention

Please provide the following information and attach a copy of documentation or appropriate language from your will or trust, if available. Please complete all that apply.

- I/We have included a bequest for NWH in my/our will or living trust
- I/We have included NWH or as a beneficiary of an asset:
 - IRA/Retirement Plan
 - Bank, Investment, or Other Financial Account
 - Life Insurance Policy
 - Other: _____
- I/We have included NWH as a revocable/irrevocable (circle one) beneficiary of a Charitable Remainder Trust

The anticipated value of my/our gift is/will be approximately \$ _____

For provisions reflected as percentages and remainders, please provide a good-faith estimate of the current gift value

Gift Designation:

Please indicate how you would like your name(s) to appear in our Eliza Kendall Society listings (please note the amount of your intended gift will not be published):

- No, please do not include me/us in listings.

Signature(s): _____ Date: _____

_____ Date: _____

Return form to:

Susan Salcetti | Director, Gift Planning
2014 Washington Street Newton, MA 02462
617-243-6243 ssalcetti@partners.org

