

### 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like your name(s) to appear in our Eliza Kendall Society listings (please note the amount of your intended gift will not be published):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@mgb.org](mailto:ssalcetti@mgb.org)

