

Charitable Bequest Intention Form

Please use this document to inform us of the details of your bequest intention for MaineHealth. In recognition of your disclosure, we will be honored to invite you to join the MaineHealth Legacy Society, a select group of benefactors that have created a future gift intention.

This form is for informational purposes only; your estate is not legally bound by submitting this statement. Your commitment remains revocable and can be modified at any time. We pledge to hold this information in the strictest of confidence.

<u>Dono</u>	<u>r(s)</u>
Name	e(s):
Date(s	s) of Birth:
Addre	ess:
City: _	State: Zip code:
Phone	e: Email:
<u>Bequ</u>	est Specifics
	dence of my/our desire to provide a legacy of support for the health of our nunity, I/we wish to inform MaineHealth that you have been named in my/our estate
(If you	this date, the approximate value of my/our gift is \$ ur gift is a percentage of your estate, please indicate the approximate present value t percentage.)
I/we c	designate this gift to be used for (please check one):
	Unrestricted Support (where the need is greatest as determined by the MaineHealth Board)
	In support of the following hospital, clinical department or program (please note if this gift will be endowed or other desired restrictions):

Legacy Society

In recognition of your intention, it is our great pleasure to induct you as a member of the MaineHealth Legacy Society. The Legacy Society is comprised of our closest friends, each having made an investment in the health of our community by creating a future gift intention for MaineHealth.

of

		ame(s) as members of the Legacy Society, others to consider a future gift in support		
□ I/We prefer my/our intentions to remain anonymous.				
Donor(s) Signature(s):				
Date:		Date:		

Please return this form to:

MaineHealth
Philanthropy Department
22 Bramhall Street
Portland, Maine 04102

Thank you for your support of MaineHealth!