



# BRIGHAM AND WOMEN'S HOSPITAL

Dear Donor,

We realize that many people who plan to support Brigham or Women's Hospital through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can say 'thank you' during your life, and we can confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding—we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

Kathleen S. Duffy  
Assistant Vice President, Gift Planning  
(617) 424-4326  
Kduffy1@bwh.harvard.edu

## Planned Gift Notification – Confidential

### Personal Information

Name:

Spouse Name:

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 want to support the teaching and mission of Brigham and Women's Hospital through a planned gift as described below:

I/We have included a bequest for BWH in my/our will or living trust.

I/We have included BWH or as a beneficiary of an asset:

Retirement Plan                      Bank, Investment, or Other Financial Account  
Life Insurance Policy                  Other:

I/We have included BWH as a revocable/irrevocable (circle one) beneficiary of a charitable remainder trust.

The anticipated value of my/our gift is/will be approximately \$                      or                      % of my/our estate. *(If possible, please include a copy of the bequest language or other wording describing your planned gift.)*

General description of gift provision *(such as, asset to be donated if other than cash or securities, how gift is to be used, whether gift is to create an endowment, etc.):*

Yes, you may include me/us in listings of planned gift donors.

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like your name(s) to appear in our **Legacy Society** listings *(please note the amount of your intended gift will not be published):*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

Return form to:

Kathleen S. Duffy  
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Brigham and Women's Hospital  
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Boston, MA 0211  
(617) 424-4326  
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