

Baystate Health Foundation

Legacy Society

The Baystate Health Foundation has established the Legacy Society to give special recognition to those generous individuals and families who include a gift in their will or estate plan to support Baystate Health and its mission and who have informed us of their intentions.

This honorary society recognizes those who have the foresight and vision to include a gift to Baystate Health Foundation in their will or trust; name us as a beneficiary of a retirement plan, brokerage account, life insurance policy, bank account, or real estate; establish a charitable gift annuity or trust; or make a future gift to Baystate Health through another arrangement in their estate plans.

By completing this simple form, we will welcome you into the Legacy Society as a recognized or anonymous member, depending on your preference.

We thank you for your thoughtfulness and generosity and look forward to hearing your story. You join a long tradition of donors who shaped our history and brighten our future with gifts that ensure Baystate Health is here for the community for generations to come.

Name (s): _____ Email _____

Address: _____ Birthdate(s): _____

City: _____ State: _____ Zip code: _____ Phone (Home) () _____

My/our name should be listed in recognition as: _____

We would like to enroll in the *Legacy Society*, be invited to special events, but **do not want our name listed** at the foundation, on the donor display or in foundation publications as members of the Society.

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 _____

Membership pledge: Yes, I/we would like to be enrolled as a member(s) of The Baystate Health Legacy Society. I/we have included a gift to the foundation or its affiliated hospital programs in my/our estate plans. In the event of unforeseen circumstances that would require me to change this provision, I agree to notify the foundation of the change.

Signature

Date

Signature

Date

Please return this form to the Baystate Health Foundation, 280 Chestnut Street, 6th Floor, Springfield, MA 01199. All information will be kept confidential. If you have questions, please call us at 413-794-7789.