

# The Heritage Circle

## Record of Gift Intention

Thank you for completing this confidential Record of Gift Intention. If you have any questions, please contact the Director of Development at the number below.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Planned Gift (Bequest) Information

#### Middlesex Health is named as a beneficiary of my will or trust:

For a specified amount of: \$ \_\_\_\_\_

For \_\_\_\_\_ percent

Estimated current value of intended distribution to Middlesex Health: \$ \_\_\_\_\_

#### Middlesex Health is named as a beneficiary of the following:

Retirement plan     Life insurance     Bank, investment or other account

Life-income plan (Trustee's name: \_\_\_\_\_ )

**My gift is:**    RESTRICTED     UNRESTRICTED

Please list my name in the Heritage Circle     I prefer my gift remain anonymous

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sarah Moore, MBA**  
Director of Development  
Office of Philanthropy

**Middlesex Health**  
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The Smarter Choice for Care  
 **Middlesex Health**  
Philanthropy