

GIFT INTENTION NOTIFICATION

Dear PIH Supporter,

Thank you for remembering PIH in your philanthropic and financial plans. We are able to imagine and build a movement for a more just world because of compassionate and generous individuals like you.

We understand some people may plan to support Partners In Health through their estate and/or financial plans and prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life (through updates from the field, event invitations, patient updates, etc.) and confirm that we are able to fulfill your wishes.

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 strictly confidential.

I assure you that your investment in PIH will be used to ease pain, to cure illness, and to save lives in the communities we have the great privilege of serving. Your kindness and support of this work are inspiring and we are so grateful for your partnership.

Laura Sidla,
Director of Planned Giving
Partners In Health

Phone: (857) 880-5717
Email: plannedgiving@pih.org



GIFT INTENTION NOTIFICATION

Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date(s) of Birth: _____

GIFT TYPE

I/We want to support the mission of Partners In Health through a planned gift as described below:

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

I/We have named PIH as a beneficiary of an asset:

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

I/We have named PIH as a revocable or irrevocable (circle one) beneficiary of a charitable remainder trust.

ANTICIPATED VALUE

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.)

GIFT PROVISION

Please provide a general description of the gift provision (such as, asset to be donated if other than cash or securities, how gift is to be used.):

RECOGNITION

This gift qualifies you for membership in our **Tom's Circle**.

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 (Please note the amount of your intended gift will not be published):

I prefer to be listed anonymously.

Please attach a copy of the documentation or appropriate language from your will or trust, if available.

RETURN FORM TO:

Laura Sidla, Director of Planned Giving
Partners In Health
800 Boylston Street, Suite 300 Boston, MA 02199
Phone: (857) 880-5717, Email: plannedgiving@pih.org



**Partners
In Health**