

SHARE YOUR LEGACY GIFT INTENTIONS

Dear PIH Supporter,

Thank you for making PIH part of your philanthropic legacy! 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 prefer to keep their legacy gift intentions for Partners In Health 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 your gift can have the impact you desire.

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 Gift Planning
Partners In Health

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

PS. Please feel welcomed to include any additional documentation of your legacy gift plans (i.e. copy of your will or trust), if convenient.



GIFT INTENTION NOTIFICATION

Name: _____

Spouse/Partner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Birthdate: _____

Spouse/Partner's Birthdate: _____

GIFT TYPE

I/we want to support the mission of PIH through the following legacy gift:

Will or living trust

Retirement plan/IRA

Bank, Investment, or Other Financial Account

Life Insurance Policy (Term/Permanent)

Donor Advised Fund

Other: _____

ANTICIPATED VALUE

The anticipated value of my/our gift is/will be approximately \$_____ or _____ % of my/our estate.

GIFT IMPACT

I trust PIH to use my gift for the greatest need at the time of my gift.

I would like my gift to be used for PIH's work in _____.

RECOGNITION

This gift qualifies you for membership in our Legacy Society, **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 (Please note the amount of your intended gift will not be published):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.

OTHER GIFT DETAILS

Please provide any other important information below:

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

RETURN FORM TO:

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

