

SHARE YOUR LEGACY GIFT INTENTIONS

Dear PIH Supporter,

Thank you for making PIH part of your philanthropic legacy! We can build a movement for a more just world because of compassionate and generous individuals like you.

Did you know 75-90% of legacy gift intentions are not shared with organizations before the gift arrives?

We understand some people may prefer to keep their legacy plans private. However, by letting us know of your plans, we can ensure your wishes are well-documented, confirm your gift can have the impact you desire, and be proactive partners in realizing your legacy.

We also hope to personally thank every Tom's Circle member during their lifetime and hear why a legacy with PIH is an intentional part of your plans.

Please know that completing this form is non-binding—we understand you may change your plans anytime. Please also know the information you share is strictly confidential.

We assure you that your gift to PIH will be used to ease pain, cure illness, and 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.

Gratefully,

Gift Planning Team

Partners In Health

Phone: (857) 880-5717

Email: giftplanning@pih.org



GIFT INTENTION NOTIFICATION

Name: _____

Spouse/Partner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Birthdate: _____

Spouse/Partner's Birthdate: _____

The gift is in: my plans only / both of our plans

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: _____

Primary Contingent Tertiary

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**.

I prefer to be listed anonymously.

OTHER GIFT DETAILS

Please provide any other important information below (financial institution name, account number, etc.)

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

RETURN FORM TO:

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

