

Charitable Trust Intention Form

Please use this sheet to inform us of the details of your charitable remainder trust which names Maine Medical Center as a beneficiary. In recognition of your disclosure, we will be honored to invite you to join the MMC Legacy Society, a select group of donors that have created a future gift intention for the Medical Center.

We pledge to hold this information in the strictest of confidence.

<u>Donor</u>
Name(s):
Date(s) of Birth:
Address:
City/State/ZIP:
Phone:
Trust Specifics
Date of Trust Establishment:
Term of Trust (life or fixed number of years):
Firm Managing the Trust:
Percentage of Trust Assets Designated for MMC:
Estimated Current Value of this Gift:
Is this Designation Revocable or Irrevocable:
Is this Gift Unrestricted? If not, what Department or Specific Purpose does this
Gift Support (please note if the gift is endowed):

Income Beneficiaries
Name:
Date of Birth:
Legacy Society
In recognition of your intention, it is our great pleasure to induct you as a member of the Ma Medical Center Legacy Society. This select group is comprised of our closest friends, each having made an investment in the health of our community by creating a future gift intention the Medical Center.
 Yes, you may publicize my/our name(s) as members of the Legacy Society, whice serves as a motivation for others to consider a future gift in support of MMC.
o I/We prefer my/our intentions to remain anonymous.
Donor(s) Signature(s):
Date:
Documentation

If your gift is irrevocable and you would like to receive gift counting credit in our fundraising totals, or if you would like to explore appropriate naming opportunities, please attach a copy of the relevant page of your trust agreement which names Maine Medical Center.

Please return this form to:

Maine Medical Center Development Department 22 Bramhall Street Portland, Maine 04102

Thank you for your support of Maine Medical Center!