GRIFFIN HEALTH

GRIFFIN HOSPITAL DEVELOPMENT FUND RECORD OF GIFT INTENTION

I have included Griffin Hospital in my estate plans.

Name: _____

Address: _____

Phone: _____

Email: _____

PLANNED GIFT (BEQUEST) INFORMATION

I have made gift commitments for Griffin Hospital as follows (check all that apply):

☐ Will ☐ Life insurance policy ☐ IRA or retirement plan ☐ Real Estate or Other Asset

Thank you for informing us of your intent to include Griffin Hospital in your estate plans. To honor your commitment, we would like to welcome you to the George Griffin Legacy Society. Society members receive special acknowledgement from our President and CEO and Board Chairman, invitations to special Griffin Hospital events and recognition in our Gratitude newsletter. Please let us know if you would like to receive these benefits by checking one of the boxes below:

___ I would like to be included as a member of the George Griffin Legacy Society

___ I would like to remain anonymous

FOR MORE INFORMATION PLEASE CONTACT:

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