Documenting Your Provision for Mayhew

Name(s):		
Address:		City:
State: Country: Elephone: E		Date(s) of Birth:
GIFT TYPE:		MY GIFT WILL BE RECEIVED:
Will or trust provision Retirement or investment account beneficiary provision Life insurance beneficiary provision Other:		Upon my death Upon the death of my surviving spouse Other:
I WOULD LIKE MY GIFT TO SUPPORT:		PROVISION VALUE:
A Mayhew priority determined by the Board of Trustees A new or existing fund: Please contact me to discuss how my gift could be used		A specific dollar amount: \$ OR A percentage of my estate/account: If based on a percentage, please estimate the current value of the gift: \$
Type of Account: ☐ retirement account ☐ investment A copy of my designation of Mayhew as successor-in-in Other (provide details):	terest of a percent	age of my donor-advised fund
NEXT OF KIN:		
Name:Telephone:		
PERSON WHO WILL HANDLE MY ESTATE AFFAIRS	5:	Same as next of kin
Name:	Address:	
Telephone:	Email:	
ADDITIONAL INFORMATION:		RETURN BY MAIL: Mayhew Program 293 West Shore Road Bristol, NH 03222
SIGN AND DATE:		RETURN BY EMAIL:

THIS GIFT IS:

Print name(s):_ Signature(s):

Not anonymous

Anonymous



development@mayhew.org

FOR QUESTIONS AND MORE INFORMATION:

603-744-6131 mayhew.org/give