



Dartmouth  
Health

Mt. Ascutney Hospital  
and Health Center



# Statement of Bequest Provision

Please complete this form if you support Mt. Ascutney Hospital and Health Center through your estate plans.

Name(s) \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## Gift Details

### TYPE AND ESTIMATED VALUE:

Will \$ \_\_\_\_\_

Living Trust \$ \_\_\_\_\_

Retirement Account / IRA \$ \_\_\_\_\_

Charitable Remainder Trust \$ \_\_\_\_\_

Life Insurance Policy \$ \_\_\_\_\_

Other Asset \$ \_\_\_\_\_ \$ \_\_\_\_\_

## My estate plans direct the gift to be used for

### CHECK ALL THAT APPLY:

☐ Mt. Ascutney Hospital and Health Center

☐ Ottaquechee Health Center

☐ Highest Priorities

☐ Restricted \_\_\_\_\_

\_\_\_\_\_



## YOUR INVESTMENT IN HIGH-QUALITY HEALTH CARE

We deeply appreciate your desire to support Mt. Ascutney Hospital and Health Center through your estate plans. Your generosity will transform the lives of patients and their families for generations to come.

## This gift will be received after:

☐ My Life

☐ The life of my surviving spouse/partner  
(please provide name of spouse/partner)

\_\_\_\_\_

\_\_\_\_\_

☐ Other (please specify)

\_\_\_\_\_

\_\_\_\_\_

## Recognition

We periodically publish the names of those who make bequests to inspire others. May we include yours?

☐ Yes, publish name and gift amount range to inspire others.

☐ No, please do not publish name.

*(Over, please)*

Please mail this statement and a copy of the relevant section of your will, trust, or beneficiary designation form to:

Development Office  
Mt. Ascutney Hospital and Health Center  
289 County Road  
Windsor, VT 05089

## **YOUR PHILANTHROPY MAKES A LASTING DIFFERENCE**

Bequests play a critical role in Mt. Ascutney Hospital and Health Center's fiscal well-being. Hundreds of friends have chosen this most personal way of investing in its future. Bequests have been vital in strengthening our mission to improve the lives of our patients and their families. We can't thank you enough for your generosity.

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**SIGNATURE(S)**

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**DATE**

**THIS IS NOT A LEGALLY BINDING DOCUMENT.** Details of your gift will remain confidential. We recognize that your plans may change over time; please consider notifying us of future changes.

## Planned Giving

Please feel free to contact us with any questions you may have. Thank you!

PHONE: 802-674-7321  
EMAIL: [MAHDev@mahhc.org](mailto:MAHDev@mahhc.org)



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