

ESTATE INTENTION INFORMATION

Name _____

Address _____

City _____

State _____ Zip Code _____

Telephone _____

E-mail _____

- I have named Brattleboro Memorial Hospital
in my will or estate plan.
- The gift is revocable.
- The gift is irrevocable.
- I wish to remain anonymous,
please do not publish my name.

Donor Signature Date

Optional:

Executor/Trustee: _____

Address _____

City _____

State _____ Zip Code _____

Telephone _____

- I am considering naming Brattleboro Memorial
Hospital in my will or estate plan.
- I would like the Development Office to contact
me to discuss the different planned giving options
available to me to make a gift to Brattleboro
Memorial Hospital.

Mail or Fax to:

Office of Development
Brattleboro Memorial Hospital
17 Belmont Avenue
Brattleboro, Vermont 05301
Phone: 802-257-8314 Fax: 802-257-3134

