



Legacy Society
Membership Form

Please enroll me as a member of the Easterseals Legacy Society. To help ensure access to quality, comprehensive and compassionate programs and services provided by Easterseals New Hampshire, I have made, or intend to make, a lasting gift as indicated below:

Deferred Gifts

I/We have made, or intend to make, the following gift(s) to Easterseals New Hampshire:

- Gift in my will, or a retirement plan beneficiary designation; in the amount of: \$_____ / _____% of estate
Gift of life insurance (designating Easterseals NH as beneficiary or as an owner)
Gift that provides lifetime income to me and my family (Charitable Trusts or Gift Annuity)
Other_____

Designation

- The gift will be unrestricted, for Easterseals NH's greatest needs.
I/We would like the gift to be restricted to the following program_____. If ESNH unable to use the gift for this purpose at the time it is made, it may be used for Easterseals NH's greatest needs.
I/We would like the gift to be restricted as outlined in my/our will.

INFORMATION

Name/s: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

- Please enroll me as a member of the Easterseals NH Legacy Society. I understand I will receive public recognition as a member of the Legacy Society.
I wish to remain anonymous.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

I/We worked with the following estate attorney:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Return this form to: Kathy Flynn, Sr. Vice President, Major Gifts and Planned Giving, Easterseals New Hampshire
555 Auburn Street, Manchester, NH 03103 or kaflynn@eastersealsnh.org.