Hospice Help
FOUNDATION

Thank you for letting us know of your plans to leave a gift in your Will to Hospice Help Foundation. It is a simple and thoughtful way to share your concern for our mission to provide relief and comfort at the end of life. We encourage you to discuss your legacy intention with your loved ones and advisor.

We invite you to share the details of your plans with us so that we may honor your gift and recognize your generosity in the way you prefer. Be assured, all information you share will be kept confidential.

Please complete and return this form to Abby Sherwood at executivedirector@hhelpfoundation.org, or by mail using the address below.

☐   I have already included Hospice Help Foundation in my Will.
☐   I intend to include Hospice Help Foundation in my Will.

My gift to Hospice Help Foundation is:

☐   The remainder of my estate after other bequests are made
☐   A percentage of my estate
☐   A specific amount

The intended, approximate amount of my gift in will is: _____(currency) or _____% of my estate.

The name of my Executor is:

_____

His/her contact information is:

_____

When wording your gift in will, please use our full legal name, EIN number, and address:

Hospice Help Foundation
EIN# 47-3787943
400 Little Harbor Road #1105
Portsmouth, NH 03801

RECOGNITION

In recognizing my gift, I wish to:

☐ Remain anonymous
☐ List my name as: _____
☐ Have Hospice Help Foundation report on the receipt and impact of my gift
to:

First & last name: _____

Mailing address: _____

City: _____ State: _____ Zip:_____

Telephone: _____ Email: (If applicable) _____

MESSAGE FOR FUTURE GENERATIONS

Your legacy gift will bring comfort and relief to hospice patients and their families during their greatest time of need. What message would you like to bestow to those who will benefit from your generosity?

_____

_____

_____

_____

☐ I authorize Hospice Help Foundation to use my message for marketing purposes.

Thank You!