
Greenwich Hospital's Elias C. Benedict Legacy Society Notification Form

I/We are pleased to confirm my/our membership in the Elias C. Benedict Legacy Society on the following basis:

- I/We have included Greenwich Hospital in my/our will or living trust.
- I/We have named Greenwich Hospital as beneficiary of an insurance policy, IRA or other financial account.
- I/We have made other arrangements for a legacy gift for the benefit of Greenwich Hospital. The estimated amount of my/our gift to Greenwich Hospital is: (Optional) _____

We welcome a copy of your will/bequest intention limited to this gift. Alternatively, please indicate your desired direction and purpose for this gift below.

- The Greenwich Hospital Annual Fund/Hospital's Highest Priorities

Clinical Growth Plan Current Use:

- Children's Oncology Heart & Vascular Neuroscience Behavioral Health
- Other: (Please Specify) _____

RECOGNITION

- I/We am/are willing for my/our name to be listed as a member of the Elias C. Benedict Legacy Society. My/Our name should appear in the Society's records as follows (please include your spouse if you wish):

Name(s): _____

Address: _____

Phone: _____

E-mail: _____

- I/We prefer not to be listed as a member of the Elias C. Benedict Legacy Society.
- I/We prefer that the details of my/our gift remain anonymous.

Signature: _____ Date: _____

(Your signature verifies only that the above information is accurate. It is non-binding.)

Printed name: _____

Please return to:

Noël Appel

Sr. Vice President & Chief Development Officer
Greenwich Hospital Office of Development
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203-863-3861

