



Community Health Center Legacy Society Intent Form

A planned gift to Community Health Center is an investment in the future of our community's health and well-being, and can ensure that we will be able to address the health needs of individuals when we are called upon.

I/We wish to provide a planned gift of support and have included Community Health Center in my/our estate plans. It is my/our intention to leave a planned gift to CHC through my/our:

- Bequest (will or trust)
- Real estate or personal property
- Retirement plan/Beneficiary designation - 401(k) 403(b), IRA, Brokerage Account
- Charitable Gift Annuity
- Charitable Lead Trust

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Donors who include CHC in their estate plans will be enrolled in the CHC Legacy Society.

- Please list my/our name(s) as follows: _____
- I/We prefer no public recognition.

Please return this form to:

Community Health Center, Office of Advancement
107 Commercial Street, Mashpee, MA 02649
All gifts are tax-deductible to the extent allowed by law.

If you have any questions and the CHC Legacy Society, please contact Christopher Ellis, Director of Organizational Advancement at cellis@chcofcapecod.org or (508) 477-5990.

To learn more, you can also visit CHCofCapeCod.org/legacysociety

Thank you for your support to help CHC achieve our mission!