



EAST MOUNTAIN
HOUSE

Legacy of Care

EAST MOUNTAIN HOUSE · LAKEVILLE, CONNECTICUT · EASTMOUNTAINHOUSE.ORG

CHARITABLE BEQUEST INTENT FORM

Please use this form to share your bequest intentions with East Mountain House. This document serves as a communication record only — your estate carries no legal obligation by submitting it, and your plans may be updated or revoked at any time. All information you provide will be treated with the utmost confidentiality.

Name(s) _____

Date(s) of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I/We wish to notify East Mountain House that it has been included as a beneficiary in my/our estate plans, in recognition of my/our commitment to compassionate, community-supported end-of-life care.

The estimated present value of my/our intended gift is: \$ _____

If your bequest is a percentage of your estate, please note the approximate present value of that share when possible.

I/We intend this gift to be used for:

General (Unrestricted) Support — to be directed at the discretion of the EMH Board of Directors

Restricted Support, designated for: _____

East Mountain House deeply values your generosity. We would be honored to recognize your gift in select publications and communications, as an encouragement to others. Please indicate your preference:

Yes — you may include my/our name(s) in acknowledgments and donor recognition.

No — I/We prefer that this gift and our identity remain confidential.

Donor Signature(s)

Date

Co-Donor Signature (if applicable)

Date