

# Kennebec Circle Legacy Gift Intention Form

1. I have made or am making the following provision(s) for MaineGeneral in my estate plans:  
(Please describe the legacy gift type(s) and the date of the estate plan or beneficiary designation. Specific amounts or percentages are helpful for MaineGeneral’s future awareness.)

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2. I want to have the provision(s) support the following purpose (optional):

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If I do not describe a desired purpose, my gift will be used to provide support where needed most. I understand that, if circumstances have changed significantly at the time of my gift’s realization, and it is no longer practical to use my gift in the above manner, the executives of MaineGeneral Health retain the right to direct my gift for other purposes which most closely fit my original intent.

3. I estimate the current value of the provision(s) to be as noted below:

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I understand various factors may impact the eventual amount of my gift and that MaineGeneral may take those into account when estimating the future value of my gift at its realization.

4. Kennebec Circle recognition (required; select one):

I authorize MaineGeneral to include my name on lists and in publications in recognition of my support as a member of the Kennebec Circle. Allowing my name to be recognized may positively influence others to also consider joining the Kennebec Circle. I understand that no specific information about my gift intention will be published without my consent.

I wish to remain an anonymous member of the Kennebec Circle. I understand that neither my name nor specific information about my gift intention will be published without my consent.

Name: \_\_\_\_\_  
(Please print your name(s) exactly as you may wish to be recognized in Kennebec Circle listings.)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street address: \_\_\_\_\_

Name and contact information of my estate attorney, personal representative or other person to contact with future questions about this provision:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

