

Maine Children's Home Legacy Circle



THE MAINE
CHILDREN'S HOME
for Little Wanderers

Serving families and children since 1899

CONFIDENTIAL ENROLLMENT FORM

In consideration of the legacy and impact that The Maine Children's Home for Little Wanderers has continued to have for Maine children and their families, (I/we) have made provision for a gift to Maine Children's Home in (my/our) estate plan. (I/we) authorize MCH to include (me/us) as a member of The Legacy Circle as established to recognize individuals who made this commitment.

Please print or type

Name (s) for recognition purposes:

Title	Name	Title	Name of Spouse/ Domestic Partner		
Date of birth		Date of birth			
Address					
City		State		Zip Code	

Daytime Phone _____ Evening Phone _____

(Please include area code with telephone numbers)

E-Mail Address _____

Relationships with Maine Children's Home (note all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Board of Directors (current/past) | <input type="checkbox"/> Adoptive Family | <input type="checkbox"/> Camp participant |
| <input type="checkbox"/> Teen Parent School Program alum | <input type="checkbox"/> Adoptee | <input type="checkbox"/> Staff/ former staff |
| <input type="checkbox"/> Capital Campaign participant | <input type="checkbox"/> Birth Family | <input type="checkbox"/> Volunteer |
| | <input type="checkbox"/> Christmas Program recipient | <input type="checkbox"/> Friend |
| | | <input type="checkbox"/> Other: |

Gift Information

I/we qualify for The MCH Legacy Circle through the following planned gift:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bequest (or Living Trust) | <input type="checkbox"/> Charitable Remainder Annuity Trust | <input type="checkbox"/> IRA/Retirement Plan Beneficiary |
| <input type="checkbox"/> Cash gift/ set \$ amount | <input type="checkbox"/> Charitable Remainder Unitrust | <input type="checkbox"/> Gift of Residence or Farm with Retained Life Estate |
| <input type="checkbox"/> Stock or property | <input type="checkbox"/> Deferred Charitable Gift Annuity | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Percentage bequest | | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Residuary bequest | | |
| <input type="checkbox"/> Charitable Gift Annuity | | |

Please indicate the approximate current market value of the planned gift named above:

\$ _____ (Optional. This information is treated confidentially.)

The gift is:

- Unrestricted Restricted as follows: _____
- I/we wish to remain an anonymous member of The MCH Legacy Circle.

Signature: _____

Date: _____

Signature: _____

Date: _____

Received by (MCH staff): _____

Date: _____

Title/Position _____