



**NOTICE OF PROVISION FOR BENEFIT OF  
FENWAY HEALTH  
FENWAY HEALTH d/b/a AIDS ACTION  
AND CONSENT TO RECOGNITION**

*Please feel free to include only the information that you are comfortable sharing. Your information will be kept strictly confidential and we will recognize your legacy gift only with your approval. This form is used for gift recognition purposes only, and it does not bind your estate or heirs in any way.*

I have included Fenway Health as a beneficiary of my estate plan, by making a provision for Fenway Health with the approximate value of \$\_\_\_\_\_, (or \_\_\_\_\_% of residuary) in the following manner:

- Beneficiary Designation in my IRA, 401(K), Insurance Policy, Annuity
- Transfer on death (TOD) Bank Account
- Real estate
- Provision in my Will or trust agreement
- Other (please describe) \_\_\_\_\_

Please provide any additional details regarding your designation of your planned gift.

\_\_\_\_\_

I hereby give consent to Fenway Health to recognize my commitment to its efforts to create a legacy for the future of the organization. I am pleased to participate and be listed as a member of the Fenway Legacy Society.

- Please list my (our) name(s) as follows: \_\_\_\_\_
- I/We prefer to remain anonymous

\_\_\_\_\_  
SIGNATURE(S)

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
DATE

For questions, please contact:  
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Please return by mail or email: Sharon Glasser  
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