

Beverly Hospital

Unrestricted Bequest

“I hereby give and bequeath _____ percent (_____%) of my estate /or/ _____ dollars (\$ _____) /or/ the residue of my estate] to Beverly Hospital, a Massachusetts charitable corporation, E.I.N. # 04-2121317, with an address of Beverly Hospital, Office of Philanthropy, 85 Herrick St, Beverly, Massachusetts 01915-1790, to be used for its greatest needs.”

Restricted Bequest*

“I hereby give and bequeath _____ percent (_____%) of my estate /or/ _____ dollars (\$ _____) /or/ the residue of my estate] to Beverly Hospital, a Massachusetts charitable corporation, E.I.N. # 04-2121317, with an address of Beverly Hospital, Office of Philanthropy, 85 Herrick St, Beverly, Massachusetts 01915-1790, with a preference for use for [specific purpose, program, department]. If at any time, in the judgment of the trustees of the Hospital, it is impossible or impracticable to carry out the designated purpose, then they shall determine an alternative purpose as near as possible to the donor's original intent.”

*If you intend a restricted bequest, it is recommended that you contact Office of Philanthropy at 978.236.1600 prior to executing your will or codicil so that we can help ensure that your intentions will be fulfilled.

Please let us know if you do include Beverly Hospital in your will, trust, or estate plan. We would appreciate the opportunity to express our gratitude to you during your lifetime.