

MHMR Foundation Legacy Society

BEQUEST NOTIFICATION FORM

Names of Donors

First M	.I. Last		First	M.I.	Last
Title			Title		
Address			Address		
City	ST Z	ZIP	City		ST ZIP
Telephone			Telephone		
Email					
	bequest for the MH. simate value of my/c		-	or living trust.	I/We anticipate that
IRREVOCABLI	BENEFICIARY [DESIGNATION			
	e MHMR Foundation		of an asset.	Please check al	ll that apply:
Retirem	ent asset(s) (e.g., IR	A, 401k, 403b, per	nsion, etc.)		
Life ins	urance policy(ies)				
Other a	sset(s):(acceptable unde	er the MHMR Four	ndation gift a	cceptance polic	ey)
I/We anticipate th	at the approximate	value of my/our be	neficiary des	ignation(s) will	l be: \$

IRREVOCABLE BENEFICIARY DESIGNATION
☐ Included the MHMR Foundation as a beneficiary of a charitable trust. I/We anticipate that the
approximate value of my/our remainder trust(s) will be: \$
approximate value of my/our remainder trust <u>(s) will be.</u>
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I/we would like to support the mission of the MHMR Foundation with a legacy gift as stated above.
NAME OF EXECUTOR OF TRUSTEE
First M.I. Last
Title
Address
City ST ZIP
Telephone
Email
DATE SIGNATURE
mo/day/yr
DATE SIGNATURE
mo/day/yr
Please feel free to contact us directly at 817-569-4540 or email at foundation@mhmrtc.org . We would be happy to discuss your ideas, wishes and answer your questions.
The MHMR Foundation does not provide legal, financial planning or tax advisory services. For advice and assistance, professionals should be consulted.

Complete the information requested above and return to:

MHMR Foundation Legacy Society 3840 Hulen St. Fort Worth, TX 76107