



Menninger®
Where healing comes to mind

The Heritage Society

CONFIDENTIAL MEMBERSHIP FORM

Name: _____ Spouse's Name: _____

Phone: _____ Email: _____

Mailing Address: _____ City, St, ZIP _____

Date of Birth: _____ Spouse's Date of Birth: _____

I/We have included The Menninger Clinic Foundation in our estate plans. We intend to make our gift through:

____ Will ____ Trust ____ Life Insurance ____ Retirement Plan ____ Other

The estimated amount of the gift based on today's value is: \$ _____.

____ Specific Amount Percentage of Estate (____%) ____ Remainder of Estate

GIFT DESIGNATION

____ Unrestricted to serve the area of greatest need.

____ The specific area I/we wish to support is ____ Patient Care ____ Education/Training ____ Community Initiatives ____ Research

This gift is made ____ in honor of ____ in memory of _____.

____ I/We wish to be recognized publicly as members of The Heritage Society (amount of gift is strictly confidential and will not be disclosed).

Please list my/our name as follows: _____.

____ I/We wish to be members of The Heritage Society but prefer to remain anonymous.

I am submitting this form as an expression of my/our current gift plans; however, all information is subject to change. I will attempt to notify The Menninger Clinic Foundation if I no longer intend to make this gift, or if modifications are made. I understand that this is a non-binding form and will be used for informational purposes only to recognize me as a member of The Heritage Society. The Foundation respects my privacy and any information shared with staff will remain strictly confidential.

Signature _____

Date _____

Signature _____

Date _____

Please email your completed form to Ashleigh Hughes at ahughes@menninger.edu

or mail to: The Menninger Clinic, Office of Philanthropy, 12301 Main Street, Houston, Texas 77035.