

**Lahey Hospital & Medical Center**

**Unrestricted Bequest**

“I hereby give and bequeath \_\_\_\_\_ percent ( \_\_\_\_\_ %) of my estate /or/ \_\_\_\_\_ dollars (\$ \_\_\_\_\_) /or/ the residue of my estate] to Lahey Clinic Foundation, Inc., a Massachusetts charitable corporation, E.I.N. # 04-2323457, with an address of Office of Philanthropy, 41 Mall Road, Burlington, Massachusetts 01805, to be used for its general purposes.”

**Restricted Bequest\***

“I hereby give and bequeath \_\_\_\_\_ percent ( \_\_\_\_\_ %) of my estate /or/ \_\_\_\_\_ dollars (\$ \_\_\_\_\_) /or/ the residue of my estate] to Lahey Clinic Foundation, Inc., a Massachusetts charitable corporation, E.I.N. # 04-2323457, with an address of Office of Philanthropy, 41 Mall Road, Burlington, Massachusetts 01805, with a preference for use for [specific purpose, program, department]. If at any time, in the judgment of the trustees of the Foundation, 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 781.744.3333 prior to executing your will so that we can help ensure that your intentions will be fulfilled.

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