



**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 \_\_\_\_\_.

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 [giving@menninger.edu](mailto:giving@menninger.edu) or mail to: The Menninger Clinic, Office of Philanthropy, 12301 Main Street, Houston, Texas 77035.