Choosing Health
Northeastern Vermont Regional Hospital

Sugar Maple Fund

Sugar Maple Legacy Circle Commitment Form

The Sugar Maple Legacy Circle recognizes individuals, families, and organizations whose generosity helps sustain exceptional healthcare for generations to come through gifts to the Sugar Maple Endowment Fund at NVRH.

Donor Information

Name(s): _____

Organization (if applicable): _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Legacy Circle Membership Levels

Please indicate your intended commitment level:

☐ Vermont Fancy ($10,000+): Visionary supporters helping sustain exceptional healthcare for generations to come.

☐ Sugarhouse ($5,000–$9,999): Recognizing craftsmanship, care, and dedication that help build a sustainable future for our region.

☐ Spile ($2,500–$4,999): Connecting generosity to compassionate, high-quality care close to home.

☐ Sapling ($1,000–$2,499): Planting seeds for a healthier future and lasting community impact.

Gift Information

Gift/Pledge Amount: $_____

Gift Type:

☐ Cash/Check ☐ Donor Advised Fund

☐ Securities ☐ Planned/Estate Gift

☐ IRA Charitable Rollover ☐ Other: _____

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Payment Schedule (if applicable):

☐ One-Time ☐ Quarterly

☐ Monthly ☐ Annually

Expected Fulfillment Date: _____

Planned Giving Intentions

☐ I/We have included NVRH in our estate plans.

☐ I/We intend to include NVRH in our estate plans.

☐ Please contact me/us about planned giving opportunities.

Recognition Preferences

☐ I/We wish to be recognized as members of the Sugar Maple Legacy Circle.

Recognition Name: _____

☐ I/We prefer to remain anonymous.

Signature

I/We affirm our intention to support the NVRH Sugar Maple Endowment Fund through the commitment described above.

Signature: _____ Date: _____

Signature: _____ Date: _____

Questions?

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