



The Baldwin

THE BALDWIN PRIORITY PROGRAM MEMBER ENROLLMENT

Edgewood Senior Solutions Group ("We" or "Us") is developing and will own and operate the senior living community in Londonderry, NH to be known as "The Baldwin." We and the undersigned ("You") acknowledge that You have made a **FULLY REFUNDABLE** deposit of One Hundred Dollars (\$100.00 USD) (the "**Priority Deposit**") in exchange for which We have enrolled You in the Priority Program, an exclusive waiting list for residence selection at The Baldwin.

In addition to other Priority Program Benefits, Your enrollment in the Priority Program (the "**Enrollment**") grants You the opportunity to choose an Independent Living residence available for selection before other potential residents who enroll in the Priority Program after You. If You select an Independent Living residence, then You will be required to pay a deposit in accordance with The Baldwin's Reservation Deposit Agreement. If You are approved for residency at The Baldwin when it is ready for occupancy, then You will be required to sign a Residence and Care Agreement.

You agree that the purpose of this Enrollment is only to give You priority in the selection of an Independent Living residence available for selection and other Priority Program Benefits. It does **not** guarantee the availability of a certain Independent Living residence or your admission to residency at The Baldwin. You may cancel Your Enrollment at any time. Upon Your cancellation, The Baldwin will return to you at the address below Your full \$100.00 Priority Deposit.

Signed this _____ day of _____, 2020.

Signature

Signature (if applicable)

Print Name

Print Name (if applicable)

Address

City

State

Zip Code

Email Address

Home Telephone

Mobile Telephone

To join online: Visit TheBaldwinNH.org/Priority

To join by mail: Print and mail this form along with your payment to:

The Baldwin

Attn: Maria Byrne, Director of Sales
1E Commons Drive, No. 24
Londonderry, NH 03053

Credit Card Information

Name on card: _____

Card number: _____

Expiration date: _____ / _____ CVV: _____

**All deposits will be held in a federally insured bank. You may obtain a full refund of the deposit at any time. If a refund is requested however, you will forfeit your Priority Number.*

Internal Use:

Received by: _____ Date: _____

Priority Number assigned: _____

TheBaldwinNH.org
603.404.6080

