

Leave a Legacy Gift to St. Joseph Hospital

Please let us know that you have provided a planned gift for St. Joseph Hospital in your will, trust, pooled life income fund, life insurance policy, gift annuity or retirement fund. When you do, you immediately become a full member of the **St. Joseph the Worker Legacy Society**. Members are listed in the Foundation Annual Report and are honored at appropriate special events. Members are eligible for naming opportunities (at levels in accordance with your planned gift value) and donor wall recognition. We invite you to share your ideas for how to recognize and celebrate your legacy giving to St. Joseph Hospital.

Please submit this statement of intent to join the St. Joseph The Worker Legacy Society.

Name

Snouse/Partner Name

Address		
City	State	Zip
Phone	Email	
☐ Yes, I have made a provision in my e	state planning to benefit St. Jose	eph Hospital.
The provision is in the form of a: Bequest Charitable Gift Annuity Retirement Fund Beneficiary Designation Life Insurance Other:	ation	
I would like my gift used for the followi	ng purpose:	
St. Joseph the Worker Legacy Society G List the name(s) above as St. Joseph I/we prefer to remain anonymous.	_	nbers in all publications.
Estimated Value of Gift: \$		is described would be helpful but is not required
Request for More Information: Please send me more information about C Please send me information about C		_
We have professional philanthropy offi	cers ready to work with you and	l your estate advisors. We can be reached

check this box or call (603) 884-4343.

Please return this form to: Brian Winslow, Executive Director of Philanthropy

☐ To opt out of receiving further fundraising materials or communications from St. Joseph Hospital Foundation, please

Monday through Friday from 8 am to 5 pm by calling (603) 884-4343 or via email bwinslow@covh.org.