

**Legacy Circle Membership Enrollment Card
Santa Rosa Memorial Hospital Foundation**

I have remembered Santa Rosa Memorial Hospital through a bequest in my will or trust or in some other way. Please enroll me in the Foundation Legacy Circle.

- You may publish my name on the Foundation Legacy Circle Honor Roll.
- Do not, however, publish my name.

Name (please print it as you want it to be listed):

Address _____

City _____ State _____ Zip _____

Telephone _____



Date	Signature	Print Name
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The more information we have regarding your gift, the better able we are to make sure your wishes are honored. If you are comfortable doing so please note below the type of gift you have made. Completing this section is not required for Legacy Circle membership nor does this form have any legal force.

- Charitable bequest: a specific dollar amount
 - a percentage of my estate
 - the residue of my estate
 - if all heirs are deceased (contingent)
- Charitable remainder trust
- Beneficiary of my IRA or other retirement plan
- Beneficiary of my life insurance
- Charitable lead trust
- Estimated gift value (optional) _____

Name of person or entity responsible for transfer (optional) _____

Phone number of same _____

Mail card to Susan Sudduth, Director of Planned Giving, Santa Rosa Memorial Hospital Foundation, 1154 Montgomery Drive, Suite 1, Santa Rosa, California, 95405.
