

Legacy Circle Membership Form

Established in the tradition of providing a living record of the legacy commitments of our friends and supporters, the Legacy Circle recognizes those individuals who have provided future support to Treasure Health through their estate plans.

Name _____ Birth date ____/____/____

Spouse _____ Birth date ____/____/____

Address _____

City/State/Zip _____ Phone # (____) _____

E-mail address _____

Preferred method of contact: Phone Mail E-mail

I/we have included Treasure Health in my/our estate plan in one or more of the following ways:

Will Living Trust Life Insurance beneficiary

Charitable Gift Annuity Charitable Remainder Trust Charitable Lead Trust

Donor Designated Fund

Retirement Plan Beneficiary Designation

IRA account Tax Sheltered Annuity (403b) Employer plan (401k)

Other method _____

Attachments or a letter with further description of the nature of the above provision(s) are welcomed in addition to that section of the will or trust in which TH is mentioned. All correspondence will be held in confidence.

May we publish your name(s) as a member of The Legacy Circle? Please consider publishing your name. It may encourage others to participate. Yes No

Please print your name(s) as you would want it to appear on the membership certificate or correspondence:

Signature _____ Date completed _____

Please return the completed form to: K. Murray Fournie, CFRE, FAHP, Vice President of Philanthropy, Treasure Coast Hospice Foundation, 1201 SE Indian Street, Stuart, FL 34997.