



I am pleased to accept membership into the Legacy Society at the Bellin Health Foundation. I understand that my membership is based on the information that I have provided below:

- I have included Bellin Health in my will or living trust for:
o A percentage
o A specific amount
o A residuary amount
I have established an income-producing gift arrangement for the benefit of Bellin Health (charitable gift annuity, charitable remainder trust, pooled income fund gift, charitable lead trust, remainder interest in personal residence of a farm).
I have named Bellin Health as a beneficiary in my other estate provisions (retirement plan, IRA, life insurance policy, other).

To enroll in the Legacy Society, we would appreciate receiving a copy of the relevant portion(s) of the legal document(s) in which your gift is made; or a letter from your legal or financial advisor that describes the nature of your gift to Bellin Health. Also, you may choose to describe your planned gift to Bellin Health below (please print):

- My gift has been designated to benefit the following area(s) at Bellin Health:
My gift is unrestricted

\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Name (if joint): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The approximate amount\* of my/our gift is \$ \_\_\_\_\_

(\*Not required, however we would like to help you achieve your goals for Bellin Health and its future.)

As a member of the Bellin Health Foundation Legacy Society, you will receive recognition at our annual luncheon. Your gift always remains confidential. Bellin Health Foundation recognizes your membership in the Legacy Society in appropriate publications unless otherwise instructed by you.

- I/We prefer not to be listed in any publications, but accept the other benefits of membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_