



## SUPPORT HOSPICE OF SANTA CRUZ COUNTY

Your investment in Hospice of Santa Cruz County enables us to provide comfort, support, and tender care to people in their final months and days of life. As a nonprofit organization we cannot do this important work without you. Please invest with your heart; join one of our caring circles today.



## Legacy Circle

Legacy Circle celebrates and recognizes the generosity of forward thinking individuals who make the important choice to support the mission of Hospice of Santa Cruz County through their estate plans. Membership in the Legacy Circle is extended to individuals who have shared information with us that they have made future provisions for Hospice of Santa Cruz County through their will or living trust, designation as a beneficiary of a retirement plan or life insurance policy or by making a life income gift.

Membership is voluntary and without obligation.

Please consider completing the information below so we can thank you for your thoughtfulness.

### DONOR INFORMATION

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Email \_\_\_\_\_

Preferred method of communication:  Mail  Phone  Email

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# ENROLLMENT FORM

## GIFT STATEMENT

I/we, \_\_\_\_\_, have made a provision for Hospice of Santa Cruz County in my/our estate plan in one of the following ways:

- Retirement plan** (IRA, etc)
- Charitable bequest**    Percentage: \_\_\_\_\_ %    Residual: \_\_\_\_\_ %    Specific    Contingency
- Charitable gift annuity**
- Life insurance designation**

## OPTIONAL

- Amount of gift: \$ \_\_\_\_\_
- Copy or excerpt of document enclosed

I/we have notified the following professional advisor(s) of this gift:

Name _____	Name _____
Title _____	Title _____
Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Phone _____	Phone _____
Email _____	Email _____

## LEGACY RECOGNITION

- You may recognize me/us** as Legacy Circle members in Hospice publications. My/our name should appear as:

\_\_\_\_\_

- I/we prefer my/our Legacy Circle membership **remain anonymous**.

## CONFIRMATION

Please sign, date and return this form to:	Signed _____	Date _____
Jennifer Drummond		
Hospice of Santa Cruz County	Signed _____	Date _____
940 Disc Drive		
Scotts Valley, CA 95066		