

## 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 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		
Spouse/Partner Name		
Address		
City	State	Zip
Phone	Email	
☐ Yes, I have made a provision in my estate	e planning to benefit St. Jose	ph Hospital.
The provision is in the form of a:  Bequest Charitable Gift Annuity Retirement Fund Beneficiary Designation Life Insurance Other:	า	
I would like my gift used for the following p	urpose:	
St. Joseph The Worker Legacy Society Gift F  List the name(s) above as St. Joseph The  I/we prefer to remain anonymous.	_	bers 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 Please send me more information about		

We have professional philanthropy officers ready to work with you and your estate advisors. We can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m. by calling **(603) 884-4343** or via email at dtighe@covh.org.