

Bob Swenson Legacy Society

YES, I accept your invitation to join the Bob Swenson Legacy Society.

I look forward to receiving invitations to special events, and having my name included as a member (or anonymous) in Dominican Hospital Foundation's publications.

Please use the following name(s) for recognition:

☐ _____

☐ I wish to remain anonymous to the public. Please do not list my name at this time.

Please sign and date this form for our records

Signature **date**

☐ I do not wish to join the Bob Swenson Legacy Society.

I(We), (type name(s) here), have made a provision for Dominican Hospital Foundation in my estate plan in one of the following ways:

☐ Do not send a certificate

☐ Do not send token gifts

☐ charitable bequest

☐ percentage (____%)

☐ residual (____%)

☐ specific _____

☐ contingency

☐ charitable gift annuity

☐ charitable remainder trust

☐ other _____

☐ beneficiary designation*

☐ retirement plan

☐ life insurance

☐ stocks or bonds

☐ checking account

☐ savings account

☐ commercial annuity

* Administrator contact information
(requested for gift completion)

name _____

company _____

phone _____

plan # _____

Optional

☐ Amount of gift _____

☐ Copy or excerpt of document enclosed

☐ Date of birth _____

Email _____

Phone _____

I prefer to be called:

☐ morning ☐ afternoon ☐ evening

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

name

address

profession

city state zip