



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