Adelaide's
Circle of Caring

Membership Information & Legacy Gift Instructions

Name(s): _____ and _____

Address: _____
(Street, City, State, Zip)

Email address: _____ Phone: (_____) _____

I/We have included the Friends of Mercy Foundation in my/our estate plan in one or more of the following:

- ☐ Will Designation
- ☐ Living Trust
- ☐ Life Insurance Policy
- ☐ Retirement Plan Beneficiary
- ☐ Life Insurance Beneficiary
- ☐ Charitable Remainder Trust
- ☐ Gift of Property
- ☐ Tax Sheltered Annuity (403b)
- ☐ Other Method _____

Estimated Gift Amount: $_____

Please print your name(s) as you would want it/them to appear on the Adelaide's Circle of Caring membership listing and on your Membership Certificate:

_____

Please indicate how you wish your legacy gift to be used by Mercy Hospital:

- ☐ As a Permanent Endowment
- ☐ Immediate Use

What area of hospital services do you want your gift to be of benefit?

- ☐ Where the Need is Greatest
- ☐ Outreach to the Poor
- ☐ Orthopedic Services
- ☐ Oncology
- ☐ Emergency Department
- ☐ Surgical Services
- ☐ Women's and Children's Services
- ☐ Diagnostic Imaging
- ☐ For capital/hospital improvements (to be determined by the hospital)

By signing this document I/we formalize instructions to the Friends of Mercy Foundation and Mercy Hospital as to how I/we wish this legacy gift to be used.

_____

Signature(s) **Date**