



Adelaide's Circle of Caring

Membership in Adelaide's Circle of Caring comes from arranging a bequest or other planned gift benefiting Mercy Hospital. Please join us today and allow us to recognize your generosity.

Name(s) (please print):

Check here if you wish to remain anonymous.

Phone: _____

Best time to call: _____

Address: _____

City: _____

State: _____ Zip: _____

Email address: _____

I/We have already arranged to make a planned gift through:

___ Will Designation

___ Living Trust

___ Life Insurance Policy

___ Retirement Plan Beneficiary

___ Life Insurance Beneficiary

___ Other _____

___ Charitable Remainder Trust

___ Gift of Property

___ Tax Sheltered Annuity (403b)

I am/We are interested in planned gifts. Please send information on:

___ Bequest through Will or Living Trust

___ Charitable Gift Annuity that provides life income

___ Charitable Remainder Trust (Unitrust or Annuity Trust)

___ Gifts of Life Insurance

___ Gifts of Real Estate

___ Other _____

Over, please...

Your comments or questions:

Your response will be treated with confidentiality.

Please return this card to:
Adelaide's Circle of Caring
c/o Friends of Mercy Foundation
PO Box 119
Bakersfield, CA 93302

Or contact Ms. Stephanie Weber at:
661.663.6700

Thank you for your kindness in considering a legacy for the future of Mercy Hospital's vital health care mission.



**Friends of Mercy
Foundation.**

A Dignity Health Member

www.supportfriendsofmercy.org