



### Legacy Society Enrollment

As a supporter of the mission of the Martin Health Foundation, I accept membership in the *Legacy Society*. I have arranged a gift by naming the Martin Health Foundation:

- in my Will or living trust
- as the beneficiary of a gift annuity
- as beneficiary of my life insurance
- as a beneficiary of my IRA, 401(k), bank account or investment account
- as a beneficiary in a charitable lead trust
- as a beneficiary in a charitable remainder trust
- Other \_\_\_\_\_

I understand that I will remain a member of the *Legacy Society* as long my gift plan remains in place. I will notify the Martin Health Foundation if I change my plans.

The approximate value of this gift is \$\_\_\_\_\_ (optional)

#### PROFESSIONAL ADVISORS

Accountant \_\_\_\_\_

Attorney \_\_\_\_\_

Other \_\_\_\_\_

#### PERSONAL INFORMATION

Name(s): \_\_\_\_\_

*(As you wish it to appear for Legacy Society recognition)*

Preferred Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- You may list my/our name(s) on the Donor List
- Do not list my/our name(s)

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Email address \_\_\_\_\_

Please contact me by:  Mail  Email  Phone

My/our birthday(s) \_\_\_\_\_

I am interested in:  Tours  Foundation Events  Seminars

Donor signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### ***For office use only:***

AM receive LSE →  Scan LSE →  RE Attribute →  RE Addressee/Salutation Tab →  RE Media pdf →  Prepare Expectancy form →  Prepare Welcome Ltr for MGO signature →  LY Receive LSE →  LY Place order & track →  AM File

Gift Officer Notes: Allocation/1L/2L/Rev/Irrev/General Description \_\_\_\_\_