

YES, I accept your invitation to join the Sonoma Valley Hospital Foundation Legacy Society.

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

Please use the following name(s) for recognition:

I wish to remain anonymous to the public.

Use this gift for::

as determined by SVHF when received

Please sign and date this form for our records

Signature _____ date

Phone _____ Email _____

I/We, _____, have made a provision for Sonoma Valley Hospital Foundation in our estate plan in the following way(s):

Charitable bequest
 percentage (___%) residual (___%) specific _____ contingency

Charitable gift annuity

Charitable remainder trust

Beneficiary designation*

retirement plan life insurance
 stocks or bonds checking account
 savings account commercial annuity
 donor advised fund

Optional:

Amount of gift _____
 Copy or excerpt of document enclosed

* Administrator contact for gift completion

Name _____ Company _____
Phone _____ Plan # _____

Other _____

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

Name _____ Profession

Address _____ City state zip

**Please return to Dave Pier, Executive Director, Sonoma Valley Hospital Foundation
707.935.5070 dpier@sonomavalleyhospital.org 347 Andrieux St. Sonoma, CA 95476**