

☐ **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

* Administrator contact for gift completion

Name _____

Company _____

Phone _____

Plan # _____

Optional:

☐ Amount of gift _____

☐ Copy or excerpt of document enclosed

☐ Other _____

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

Name

Profession

Address

City state zip

**Please return to Leslie Antonelli Petersen, Executive Director, Sonoma Valley Hospital Foundation
707.935.5070 lpetersen@sonomavalleyhospital.org 347 Andrieux St. Sonoma, CA 95476**