

Circle of Caring Recognition

The Circle of Caring was created to thank those special friends who plan to give to the hospital through their estate plans. The Circle of Caring recognizes the generosity of those whose vision for the future will provide a permanent legacy to support the mission of Poudre Valley Hospital and Medical Center of the Rockies and their affiliated clinics.

Name (s): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home phone: _____ Business phone: _____

Cell phone: _____

Yes, I/We have established a planned gift naming Poudre Valley Hospital and Medical Center of the Rockies as the beneficiary of my/our estate in the form of a:

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Will (Bequest) | <input type="checkbox"/> Charitable remainder trust | <input type="checkbox"/> Retirement fund asset | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Insurance policy | <input type="checkbox"/> Charitable lead trust | <input type="checkbox"/> Charitable gift annuity | _____ |

My gift is valued at \$ (optional disclosure).

- I/We prefer to be an anonymous member of the Circle of Caring.
- I/We prefer to be a published member of the Circle of Caring.

If you have a specific request for your future gift, please explain your request here.

List my/our names as follows in the Circle of Caring listing: _____

If, at any time in the future, you decide to change your plans, simply notify the Foundation, and we will remove your name from the Circle of Caring membership list.

Sample bequest wording: "I give, bequeath and devise (dollar amount or description of asset) to Poudre Valley Hospital and Medical Center of the Rockies Foundation, a qualified 501(c)3 non-profit organization, located at 2315 E. Harmony Road, Suite 200, Fort Collins, CO 80528, to be used for its general purposes."