

BAXTER HEALTH FOUNDATION

Legacy Society

Membership Form

The Baxter Health Foundation Legacy Society honors individuals who have chosen to leave a lasting impact by including the Foundation in their estate plans.

NAME _____ BIRTHDAY _____
ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____
MARITAL STATUS _____ ANNIVERSARY _____
NAME OF SPOUSE _____ PETS _____

I/We have included Baxter Health Foundation in my/our estate plan in one or more of the following:

_____ Will Designation	_____ Charitable Gift Annuity
_____ Living Trust	_____ Donor Advised Fund
_____ Life Insurance Policy	_____ Charitable Remainder Trust
_____ Gift of Property	_____ Charitable Lead Trust
_____ Retirement Plan Beneficiary	_____ Tax Sheltered Annuity (403b)
_____ Life Insurance Beneficiary	_____ Other Method

Estimated Gift Amount: _____

I/We would like to designate our gift to support: _____

May we publish your name(s) as a member of the Legacy Society? ___ Yes ___ No

*Please consider publishing your name, as it may encourage others to participate.

Name of your Estate Planning Advisor: _____

Signature(s): _____ Date: _____

Signature(s): _____ Date: _____

Please return the completed form to:

Baxter Health Foundation
Gianna Sherry, Gift Officer
624 Hospital Drive
Mountain Home, AR 72653