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
_____Living Trust
_____Life Insurance Policy
_____Gift of Property
_____Retirement Plan Beneficiary
_____Life Insurance Beneficiary

_____Charitable Gift Annuity
_____Donor Advised Fund
_____Charitable Remainder Trust
_____Charitable Lead Trust
_____Tax Sheltered Annuity (403b)
_____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
Trisha Terry, Gift Officer
624 Hospital Drive
Mountain Home, AR 72653