

CONFIDENTIAL ENROLLMENT FORM

I / we have taken one of the following action to join the Heritage Club:

- I / we have made a bequest to KAWEAH DELTA HOSPITAL FOUNDATION in the amount of \$ _____.
- I / we have named KAWEAH DELTA HOSPITAL FOUNDATION a beneficiary of my trust in the amount of \$ _____.
- My / our life insurance policy / policies with

_____ (Name of insurance company)

names KAWEAH DELTA HOSPITAL FOUNDATION a beneficiary in the amount of \$ _____.

(Some restrictions may apply to gifts of insurance; if necessary, Foundation staff will contact you.)

- I prefer to make my Heritage Club gift to the Endowment Fund now. Enclosed is my check made out to Kaweah Delta Hospital Foundation for \$ _____.

Enrollment date _____

Name of member #1 _____ Birth date _____

Signature _____

Name of member #2 _____ Birth date _____

Signature _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

For membership recognition please list my / our name/s as follows:

_____ (Samples: Mary Jones, Mr. and Mrs. Robert Jones; Mary and Bob Jones)

- I prefer my membership to be anonymous; please do not include my name in printed lists of members.

I / we would like to receive a complimentary commemorative Heritage Club paperweight

- Yes No thank you; please put the funds to good use for health care services.

The Heritage Club Membership Committee member who invited me to join the Club is:

My professional advisor is

Address _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____



THE
Heritage
CLUB

THANK YOU FOR JOINING THE HERITAGE CLUB TO SUPPORT
HEALTH CARE SERVICES OFFERED AT KAWEAH DELTA HOSPITAL.
PLEASE RETURN THIS MEMBERSHIP ENROLLMENT FORM TO:

KAWEAH DELTA
HOSPITAL
FOUNDATION

216 S. JOHNSON STREET
VISALIA, CALIFORNIA 93291
559-624-2359