

# Remember Providence

## Providence \_\_\_\_\_ Foundation Heritage Club MEMBERSHIP ENROLLMENT

I have established a lasting legacy to the **Providence** \_\_\_\_\_ **Foundation**  
by remembering the foundation in the following way(s):

- Will     Living trust     Charitable remainder trust     Charitable lead trust  
 Charitable gift annuity     Pay/transfer on death account     Retirement plan  
 Life insurance policy     Life estate \_\_\_\_\_

Please enroll me (us) as a member(s) of the **Heritage Club** of the **Providence**  
\_\_\_\_\_ **Foundation**:

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth (self): \_\_\_\_\_ Date of birth (other): \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail (optional) \_\_\_\_\_

Would you like to tell us more about your gift or how you would like the gift to be used:

\_\_\_\_\_  
\_\_\_\_\_

Estimated amount of future gift (optional): \_\_\_\_\_

**NOTE:** Many **Heritage Club** members provide a copy of the relevant portions from their planning document. This enables Foundation staff to review legal language and insure that the donor's objectives can be met. If you would like to do so, please enclose a copy of the appropriate sections of your document.



We would like to include your name(s) on our **Heritage Club** membership rolls to encourage other gifts and to celebrate your special support of our Mission. Please print below how you would like your name(s) to appear in our annual report as well as on the foundation donor wall:

\_\_\_\_\_

I prefer to remain an anonymous member of the **Heritage Club**:  (please check)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature (if applicable)



For more information about planned giving opportunities, please contact:

**Providence Office of Gift Planning**  
**3975 SW Mercantile Drive, Suite 205**  
**Lake Oswego, OR 97035**  
**503-216-6639 - giftplanning@providence.org**