



Northeast Health Foundation

ST PETER'S HEALTH PARTNERS



Seton Health Foundation

ST PETER'S HEALTH PARTNERS

THE LEGACY CIRCLE

All legacy gifts qualify for recognition in The Legacy Circle which was established to recognize and thank friends who have included St Peters Health Partners in their estate plans or made another type of legacy gift. Statements of support are used to help project future financial commitment and gift expectancies.

Member Profile

Name: _____ Birthdate: _____

Spouse Name: _____ Birthdate: _____

Address: _____ Telephone: _____

City, State/Zip: _____ Email: _____

I/We have made the following commitment to St Peter's Health Partners Center for Philanthropy:

- Bequest - will provision or living trust provision
- Cash Gift
- Securities
- Personal Property
- Charitable Gift Annuity
- Charitable Lead Trust
- Charitable Remainder Trust
- Life Insurance
- Retirement Plan Beneficiary
- Real Estate
- Other: _____

___ beneficiary ___ contingent beneficiary ___ a specified amount ___ a specified percentage ___ residual amount

___ My/Our gift is: unrestricted intended for the following purpose: _____

The estimated value of my/our gift is approximately: _____ as of _____ (date). I understand that this is an estimate only, and that any gift ultimately distributed may be more or less than this amount. I/We recognize this is not a legally binding document.

___ You may include my/our name(s) in The Legacy Circle. (Neither the type of gift nor the amount will be listed.)

___ I/We prefer that my gift intention remain anonymous.

Signature

Date

Signature

Date

SPHP Legacy Foundations are 501 (c) (3) not-for-profit corporations.
If you have any questions, contact Kathie Ziobrowski, Director of Legacy Giving
518-482-4433 or kathleen.ziobrowski@sphp.com.
The Center for Philanthropy, 310 South Manning Blvd., Albany, NY 12208
Thank you for your support!