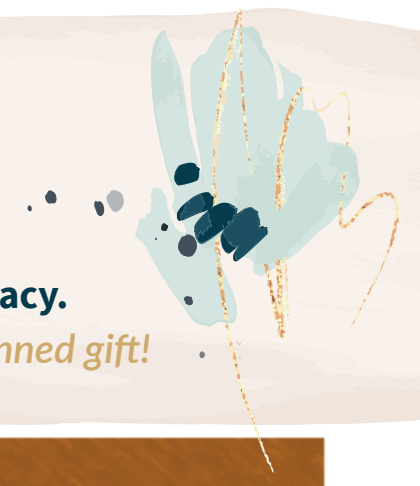




# Kaweah Health Foundation's Heritage CLUB

**One Gift. Lasting Legacy.**  
*Join today by making a planned gift!*



## ENROLLMENT FORM

Date: \_\_\_\_\_

Name of Member #1: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Member #2: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

### *Heritage Club Membership - \$5,000 per person or more*

☐ I/We have named Kaweah Health Foundation as beneficiary of my **TRUST/WILL** for \$ \_\_\_\_\_

☐ I/We have named Kaweah Health Foundation as beneficiary of my/our **INVESTMENT ACCOUNT**  
in the amount of \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_

Representative (if applicable): \_\_\_\_\_

Policy Number (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

☐ I prefer to make my Heritage Club gift to the Endowment Fund now (or by end of the year).

☐ I prefer to make a 5 year pledge of \$1,000 per year.

Enclosed is my check made payable to Kaweah Health Foundation for \$ \_\_\_\_\_

### *Thank you for joining the Heritage Club!*

Your gift will help provide world-class health care for future generations.



Please return this updated form to:

216 South Johnson Street, Visalia, CA 93291 or email [Foundation@KaweahHealth.org](mailto:Foundation@KaweahHealth.org) | 559.624.2359

