



## ENROLLMENT FORM

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

*Note: In all cases, when two individuals are enrolling, "I" shall mean "we."*

I desire to enroll in The Heritage Society of Saint Francis Healthcare System Foundation and have made a provision in my estate for the benefit of Saint Francis Healthcare System through:

- Gift annuity
- Life insurance
- Retirement plan assets
- Trust agreement
- Will
- Other (please describe): \_\_\_\_\_

Estimated value of gift: \$ \_\_\_\_\_

Gift explanation:

Member recognition name \_\_\_\_\_  Anonymous gift

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date of birth \_\_\_\_\_

Signature \_\_\_\_\_ Date of birth \_\_\_\_\_

 **SAINT FRANCIS  
HEALTHCARE SYSTEM**  
FOUNDATION  
*It is in Giving that We Receive*

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