Glens Falls Hospital Foundation
The 1897 Circle

Acceptance of Membership

Yes, I/we accept membership in Glens Falls Hospital Foundation's 1897 Circle:

Name _____

Spouse's name _____

Address_____

City, State, Zip _____

Telephone (___) _____

e-Mail : _____

I/We qualify for membership in *The 1897 Circle*
by having placed Glens Fall Hospital Foundation in my/our estate plan through:

___ Will bequest; ___ Trust; ___ Life Insurance;

___ Charitable Gift Annuity; ___ Other: _____

___ Please contact me on a confidential basis to discuss a plan that will benefit both me and Glens Falls Hospital Foundation.
Best time to call me is:
_____ a.m. or _____ p.m.

Signature: _____

Date: _____

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Member Information

Please tell us a little about yourself (family, career, interests, volunteerism, hobbies):