

**Glens Falls Hospital Foundation**  
**The 1897 Circle**

**Membership Enrollment Form**

If you wish to become a member of The 1897 Circle, simply complete the form below and submit it to the Glens Falls Hospital Foundation Office. When requested, anonymity is respected and we appreciate all donors and gift intents. However, to help in future planning, information on the size and type of the eventual gift is very much appreciated.

Please contact the Foundation Office if you have questions or comments at (518) 926-5965. All inquires are confidential.

Full Name \_\_\_\_\_

Spouse's name \_\_\_\_\_  
(if joint membership is desired)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_

I/We have provided for Glens Falls Hospital in my estate plan in the following way(s):  
*Please mark all that apply.*

I/We have named the Foundation as a beneficiary of my/our will.

I/We named the Foundation as a beneficiary of my/our charitable trust or charitable gift annuity.

I/We named the Foundation as a beneficiary of my/our life insurance policy.

I/We have named the Foundation as a beneficiary of my/our retirement plan.

Please contact me regarding a gift plan and membership in The 1897 Circle.

Signature: \_\_\_\_\_

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