

# CONFIDENTIAL ENROLLMENT FORM

I / we have taken one of the following action to join the Heritage Club:

- I / we have made a bequest to KAWEAH DELTA HOSPITAL FOUNDATION in the amount of \$ \_\_\_\_\_.
- I / we have named KAWEAH DELTA HOSPITAL FOUNDATION a beneficiary of my trust in the amount of \$ \_\_\_\_\_.
- My / our life insurance policy / policies with

\_\_\_\_\_ (Name of insurance company)  
names KAWEAH DELTA HOSPITAL FOUNDATION a beneficiary in the amount of \$ \_\_\_\_\_.

(Some restrictions may apply to gifts of insurance; if necessary, Foundation staff will contact you.)

- I prefer to make my Heritage Club gift to the Endowment Fund now. Enclosed is my check made out to Kaweah Delta Hospital Foundation for \$ \_\_\_\_\_.

Enrollment date \_\_\_\_\_

Name of member #1 \_\_\_\_\_ Birth date \_\_\_\_\_

Signature \_\_\_\_\_

Name of member #2 \_\_\_\_\_ Birth date \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

For membership recognition please list my / our name/s as follows:

(Samples: Mary Jones, Mr. and Mrs. Robert Jones; Mary and Bob Jones)

- I prefer my membership to be anonymous; please do not include my name in printed lists of members.

I / we would like to receive a complimentary commemorative Heritage Club paperweight

- Yes  No thank you; please put the funds to good use for health care services.

The Heritage Club Membership Committee member who invited me to join the Club is:

My professional advisor is

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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



THE  
*Heritage*  
CLUB

THANK YOU FOR JOINING THE HERITAGE CLUB TO SUPPORT  
HEALTH CARE SERVICES OFFERED AT KAWEAH DELTA HOSPITAL.  
PLEASE RETURN THIS MEMBERSHIP ENROLLMENT FORM TO:

KAWEAH DELTA  
HOSPITAL  
FOUNDATION

216 S. JOHNSON STREET  
VISALIA, CALIFORNIA 93291  
559-624-2359