

Legacy Society

Have you considered leaving a legacy and helping save lives at Saint Joseph?

When you become a member of the Saint Joseph Hospital Foundation's Legacy Society, you are expressing your long-term commitment to continue the mission of compassionate care that characterized the founding of Saint Joseph by the *Sisters of Charity of Nazareth* over 133 years ago.

The Legacy Society ensures you a small touch of immortality and a lasting contribution for generations to come. It also provides you the opportunity to enhance the lives of everyone we serve at Saint Joseph Hospital, Saint Joseph East and Saint Joseph - Jessamine RJ Corman Ambulatory Care Center.

Member Benefits

Investing in the future of the Saint Joseph Hospital Foundation entitles you to exclusive membership benefits in the distinguished Legacy Society. Membership in the Legacy Society is reserved for those individuals who have included the Foundation in their giving plans.

Membership in the Legacy Society entitles you to the following benefits:

- Invitation to the Annual Legacy Society Reception
- Invitations to special Foundation events throughout the year
- Placement of your name on our Legacy Society Donor Wall
- Knowledge that you are supporting the worthwhile programs and services offered by Saint Joseph Hospital, Saint Joseph East, the Women's Hospital and Saint Joseph - Jessamine
- Option to participate in selecting Naming Recognition Opportunities

Ways to Become a Legacy Society Member

- Gifts by Will
- Life Insurance Gift
- Charitable Gift Annuity
- Beneficiary Gifts

Leaving a Legacy

Planned giving allows you the opportunity to make a charitable gift to a worthwhile charity, while providing personal or family financial benefits. With a planned gift, the charitable organization receives the assets at some time in the future – often after the donor has received lifetime income from the assets.

† CATHOLIC HEALTH
INITIATIVES®

Saint Joseph Hospital Foundation

Legacy Society

Name _____

Address _____

City _____

State _____ ZIP _____

Phone _____

Email _____

I AM PLEASED to accept membership in the Legacy Society on the following basis:

- Through my will
- Through a trust
- Through charitable gift annuity beneficiary gifts

My/Our name should appear in the Legacy Society records as follows:

- _____
- If you prefer to remain anonymous, please check box.

Please send more information about:

- Providing for the Saint Joseph Hospital Foundation in my will
- Making a future gift of life insurance proceeds
- Future gifts that provide income for me now (annuities and trusts)
- I would like the Foundation to contact me
- Naming Recognition Opportunities

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Saint Joseph Hospital Foundation

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