

Legacies of Hope Membership Form

If you have included National Jewish in your estate planning and would like to become a member of *Legacies of Hope*, please complete and return this form.

- 1) Print out this form by clicking the print button at the top of your browser.
- 2) Complete and mail this form to:

National Jewish Health
1400 Jackson Street, M112
Denver, CO 80206

1.	Name(s) as you would like it to appear (or Anonymous):
2.	Address:
3.	City:
4.	State:
5.	Zip Code:
6.	Phone (with area code);
7.	Signature:
8.	Date:
9:	<p>Please check all that apply:</p> <p><input type="checkbox"/> “I/We have included National Jewish Health in my/our estate planning by a gift of (will, gift annuity, trust, insurance, etc.) in the amount of \$_____ (optional).”</p> <p><input type="checkbox"/> “I wish to become a member of Legacies of Hope but wish to remain anonymous.</p> <p><input type="checkbox"/> “I wish to have my name and the following message included in the Book of Legacies.” _____</p> <p><input type="checkbox"/> “I would like to speak with a representative from National Jewish Health about my estate plans and a possible gift.”</p>