

Frisbie Legacy Society

MEMBERSHIP ENROLLMENT FORM

Membership in the **Frisbie Legacy Society** is for those who have included Frisbie Memorial Hospital in their will or estate plan or who have made other arrangements to create a lasting legacy to assure the Hospital's ability to care for all community members.

Special Legacy Society Member Benefits include:

- Recognition listing in Frisbie's Annual Report each year
- Invitations to special member events
- Inscription on the Frisbie Legacy Society Plaque on the Donor Wall
- And the satisfaction of making a lasting difference for our community

If you wish to voluntarily enroll for membership, please complete the following information:

Name(s): _____

Address: _____

City/State/Zip: _____

Preferred telephone: _____

- ❖ I am pleased to acknowledge that I have included Frisbie Memorial Hospital as a beneficiary in my will, retirement plans, trust or life insurance policy.
- ❖ I understand this is a non-binding statement and that my plans may change. Although I intend for my plans to remain in place, this document is not intended to be legally enforceable.
- ❖ I understand that the Membership List of the Frisbie Legacy Society may be published from time to time in the Annual Report and in other Frisbie publications.

(Please check one) I give do not give my consent to be listed in Frisbie publications.

Signature

Date

Please return to: Office of Fund Development, Frisbie Memorial Hospital,
11 Whitehall Road, Rochester, NH 03867

*Thank you for supporting Frisbie Memorial Hospital
and for helping us care for our community.*