



Longs Peak Hospital Foundation

1750 E. Ken Pratt Blvd.  
Longmont, CO 80504

720.718.3015

[longspeakhospitalfoundation.org](http://longspeakhospitalfoundation.org) | [lph-foundation@uchealth.org](mailto:lph-foundation@uchealth.org)

### Circle of Caring Enrollment Form

*(Please print and complete this form. Then scan/email it or mail it to the foundation using the contact info above. Thank you.)*

Longs Peak Hospital Foundation created the Circle of Caring to thank those special friends who have made provisions for a gift to our hospitals through their estate plans. The Circle of Caring recognizes the generosity of those whose vision for the future will provide a permanent legacy to support the mission of Longs Peak Hospital and its affiliated clinics.

Name (s): \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Yes, I/We have established a planned gift naming Longs Peak Hospital Foundation as the beneficiary of my/our estate in the form of a:

- |                                  |                               |
|----------------------------------|-------------------------------|
| _____ Will (Bequest)             | _____ Retirement fund asset   |
| _____ Insurance policy           | _____ Charitable gift annuity |
| _____ Charitable Remainder Trust | _____ Other                   |
| _____ Charitable Lead Trust      |                               |

My gift is valued at \$ \_\_\_\_\_ (optional disclosure).

\_\_\_\_\_ I/We prefer to be an anonymous member of the Circle of Caring.

\_\_\_\_\_ I/We prefer to be a published member of the Circle of Caring.

If you have a specific request for your future gift, please explain your request here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List my/our names as follows in the Circle of Caring listing:

\_\_\_\_\_  
\_\_\_\_\_

If, at any time in the future, you decide to change your plans, simply notify the foundation office, and we will remove your name from the Circle of Caring membership list.

Sample bequest wording: "I give, devise, and bequeath to Longs Peak Hospital Foundation, a nonprofit corporation located at 1750 E. Ken Pratt Blvd., Longmont, Colorado, the sum of \$ \_\_\_\_\_ as an unrestricted gift. Tax ID: 82-1613059."

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