



Queen's Heritage Circle

Membership Verification Form

Members of the Queen's Heritage Circle have the foresight to understand that the future success of Queen of the Valley Medical Center depends on the plans that we make today. The goal of the Queen's Heritage Circle is to acknowledge individuals for their vision and to provide a lasting tribute in their honor. Queen's Heritage Circle recognition is a life-long legacy for donors and their families.

Name: _____

Address: _____ Birth Date: _____
mm/dd/yy

City/Zip Code: _____ Phone: _____

Name of Spouse (if applicable): _____ Birth Date: _____
mm/dd/yy

I/We have included Queen of the Valley Medical Center in my/our estate plan in one or more of the following ways:

- Will Designation
- Living Trust
- Life Insurance
- Charitable Lead Trust
- Other Method: _____
- Charitable Gift Annuity
- Pooled Life Income Fund
- Donor Designated Fund
- Charitable Remainder Trust
- Retirement Plan Beneficiary
- IRA Account
- Tax Sheltered Annuity (403b)
- Retirement Plan, IRA, 401k

May we publish your name(s) as a member of the Queen's Heritage Circle? Yes No
(Please consider publishing your name, as it may encourage others to participate).

Please print your name(s) as you would like it to appear in the Queen's Heritage Circle listings for membership certificates, wall plaques and correspondence:

Signature

Date Completed

Please return completed form to:
Damon Tinnon, CSPG (Director, Gift Planning)
Queen of the Valley Medical Center Foundation
1000 Trancas Street
Napa, CA 94558
(707) 257-4144
damon.tinnon@providence.org

For additional information, please visit our website at www.queensfoundation.org