



Membership Enrollment Form for Sunnyview Rehabilitation Hospital's Legacy Circle

If you wish to become a member of The Legacy Circle or have already qualified, please let us know by filling out the Acceptance of Membership form and submit it to the Sunnyview Rehabilitation Hospital Foundation's Foundation office (1270 Belmont Avenue, Schenectady, NY 12308) or online below. When requested, anonymity is respected.. However, to help in future planning, information on the size and type of the eventual gift is very much appreciated.

Please contact the Kathie Ziobrowski, executive director at (518) 382-4586 or ziobrowskik@nehealth.com. All inquiries are confidential.

Please provide the following contact information:

Full Name

Spouses Name (if joint membership desired)

Address

City

State

Zip

Phone

Email

I/We wish to remain anonymous

I/We have provided Sunnyview Hospital Foundation in my estate plan in the following way(s). Please mark all that apply:

I/We have named the Sunnyview Hospital Foundation as a beneficiary of my/our will or trust

I/We named the Sunnyview Hospital Foundation as a beneficiary of my/our charitable remainder trust or charitable gift annuity

I/We named the Sunnyview Hospital Foundation as a beneficiary of my/our life insurance policy

I/We have named the Sunnyview Hospital Foundation as a beneficiary of my/our retirement plan