

UCHealth Northern Colorado Foundation

2315 E. Harmony Road, Suite 200 Fort Collins, CO 80528

970.237.7400

uchealthnocofoundation.org | noco-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.)

UCHealth Northern Colorado 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 UCHealth Northern Colorado hospitals and their affiliated clinics.

| Address: City: | State: | _ Zip: | |
|---|--|---|-----------------------|
| Email: Home Phone: | Business Phone: | Cell Phone: | |
| Yes, I/We have e beneficiary of my/our es Will (Bequest) Insurance policy Charitable Rema Charitable Lead | tate in the form of a: inder Trust | g UCHealth Northern Colorado I Retirement fund asset Charitable gift annuity Other | Foundation as the |
| My gift is valued at \$ | (optional discl | osure). | |
| I/We prefer to be | an anonymous member of the a published member of the Circ quest for your future gift, please | cle of Caring. | |
| List my/our names as fo | llows in the Circle of Caring listi | ing: | |
| | re, you decide to change your p the Circle of Caring membersh | - blans, simply notify the foundatio ip list. | n office, and we will |
| nonprofit corporation loc | | to UCHealth Northern Colorado I, Suite 200, Fort Collins, Colorad 581." | |
| | 2315 E. Harmony Fort Collins | Colorado Foundation y Road, Suite 200 s, CO 80528 37.7400 | |

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