



Join the Holland Hospital Legacy Society

We welcome you to join the Holland Hospital Legacy Society. This is our way of saying “thank you” and inspire others to support our mission of improving the health of our communities with compassion, hope, respect and dignity. By sharing your intentions with us, we can ensure your legacy is honored in the way you envision. Thank you for considering a legacy gift to Holland Hospital.

Leaving a bequest is an easy and meaningful way to make a gift to Holland Hospital. Bequests may come from your will or trust, retirement account, insurance policy, or other financial account, and can be a specific amount, a percentage, or a remainder. Questions? Contact Abby Reeg at (616) 355-3916 or email areeg@hollandhospital.org.

Gift Information

I/We have provided a bequest to Holland Hospital in the following way(s):

- Will or Living Trust Attorney Firm/Name: _____
- Retirement Plan Financial Co./Advisor: _____
- Life Insurance Policy Insurance Agency/Agent: _____
- Other (describe) _____ Professional Advisor: _____

Gift Purpose

- Please use my/our future gift to support the greatest needs of Holland Hospital.
- Designate my future gift towards the following program or department:
 - Holland Community Health Center School Mental Health Program School Nurse Program
 - Breast Care Fund Other: _____
- Please contact me/us to speak with someone from Holland Hospital Fund Development team to discuss how to direct my/our gift.

Applicant Information

Name _____	BirthDay _____	Name _____	BirthDay _____
Email _____	Phone _____	Email _____	Phone _____
Address _____		Address _____	
City _____	State _____	Zip _____	City _____
State _____	Zip _____	State _____	Zip _____

Publicly list as (please print) _____

I/We wish to remain anonymous. Please do not promote my/our name(s).

_____ Signature	_____ Date	_____ Signature	_____ Date
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I/We understand that signing this form does not create a binding obligation. If, for any reason, our plans change, I/we will alert the Holland Hospital Fund Development Team. Please use the opposite side of this form to add additional information.

Legal Name: Holland Community Hospital Tax ID # 38-2800065

Mail form to: Holland Hospital Fund Development | 602 Michigan Ave | Holland MI 49423