

Heritage Circle

I accept this invitation to participate as a member of the Heritage Circle and have included Commonwealth Health Foundation in my financial or estate plan.

I have not yet included Commonwealth Health Foundation in my estate or financial plan, but I would like to learn more about becoming a member of the Heritage Circle.

Signature of Donor

Date

Signature of Donor

Date

Recognition Name: _____

(Please print your name as you want it to appear in donor listings)

Please recognize this gift as Anonymous.

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Please mail your invitation to:
Commonwealth Health Foundation
800 Park Street
P.O. Box 1868
Bowling Green, KY 42102-1868