

Legacy Circle

Enrollment Form



The information you provide is confidential.

- I have included Friendship Bridge in my estate plans by will, trust, retirement plan, beneficiary, or insurance policy beneficiary.
- I prefer my name be kept confidential at this time. Please list me as anonymous.
- Friendship Bridge may list my name as a member of the Legacy Circle in the Friendship Bridge annual report and other publications.

Today's Date: ____ / ____ / ____

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Friendship Circle: _____

Email: _____

Your signature: _____

Optional additional information

Please fill in the information below to the extent that you are comfortable sharing. Any information provided is strictly confidential.

I have provided a gift through my estate plans using the following method:

- Will
- Revocable Living Trust
- Retirement Fund Beneficiary
- Life Insurance Policy Beneficiary
- Other Trust

If you have any questions, contact Laura Jepsen, Donor Relations Manager, at 303-674-0717.

The information about your planned giving is confidential, non-binding, and for internal accounting purposes only.

Thank you for your commitment to and support of Friendship Bridge!

Please remit this form to:
Friendship Bridge
405 Urban St., Suite 140
Lakewood, CO 80228