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### Invitation for Membership

\_\_\_\_\_ I accept your invitation to become 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 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_

Please print name(s) exactly as you wish for recognition purposes:

\_\_\_\_\_  
*(For example: Mary and John Smith; Mr. & Mrs. John Smith; Mary Smith, M.D.)*

\_\_\_\_\_ I wish my gift to remain confidential

How (or from whom) did you hear about the Heritage Circle?

\_\_\_\_\_

*Please mail Invitation for Membership to:*

Commonwealth Health Foundation  
800 Park Street  
Bowling Green, KY 42101

