



_____ Yes, I have remembered Kossuth Regional Health Center Foundation in my estate or will and will become a member of The Legacy Society.

_____ I would like more information on how to become a member of The Legacy Society or how to remember the Foundation in my estate. Please contact me for a personal appointment. The best time to call is _____.

Your Name: _____

Address: _____

City, State Zip: _____

Telephone (____) _____

Type of Gift

- Bequest in Will
- Trust
- Charitable Gift Annuity
- Life Insurance
- Farm
- Other property
- Other

Gift in Memory of:

_____ I do not wish to have my name published.

F FOUNDATION 
KOSSUTH REGIONAL HEALTH CENTER

1515 S. Phillips Street
Algona, Iowa 50511
(515) 295-2451

The Cornerstone of a Healthy Future

