

## What is the Legacy Circle?

The Legacy Circle was created exclusively to recognize and honor donors who have made an estate gift to the ALS Regional Center through the St. Peter's Hospital Foundation through a bequest, trust or other life income gift. Gifts may vary, but the spirit is the same.

As a member of the Legacy Circle, you demonstrate your support of the St. Peter's Hospital ALS Regional Center, helping to maintain quality of life and continued hope for those with ALS and their families.

*Making a  
Difference.*



## St Peter's Hospital

*ALS Regional Center  
Lewis Golub MDA/ALS Clinic*

ST PETER'S HEALTH PARTNERS

Kathie Ziobrowski  
Director of Legacy Giving  
310 S. Manning Blvd.  
Albany, NY 12208  
(518) 482-4433

*For more information about the  
St. Peter's Hospital ALS Regional  
Center, please call:  
Karen Spinelli, Manager  
19 Warehouse Row  
Albany, NY 12205  
(518) 525-1629  
[www.sphcs.org/ALSregionalcenter](http://www.sphcs.org/ALSregionalcenter)*

# THE LEGACY CIRCLE

Making a lasting difference  
for future generations.



## St Peter's Hospital

*ALS Regional Center  
Lewis Golub MDA/ALS Clinic*

ST PETER'S HEALTH PARTNERS

## Why should I join?

The key to our continued success depends on the support of past and present members of the Legacy Circle, those individuals whose vision and generosity have made possible the high quality care that St. Peter's Hospital ALS Regional Center so proudly provides.

Your planned gift today will help us continue our mission to serve the needs people with ALS and help maintain quality of life and hope for future generations of ALS patients. We are grateful for these gifts as they are very much purposeful gifts from the heart and a reflection of the highest personal values.

## How can I become a member?

You can join the Legacy Circle simply by making an estate gift to the ALS Regional Center through the St. Peter's Hospital Foundation, and confirming your intention in writing. If you have already honored us with an estate gift, we hope you will let us know by completing the accompanying Acceptance of Membership form, or by contacting Kathie Ziobrowski, Director of Legacy Giving, at (518) 482-4433 or by email [Kathleen.Ziobrowski@sphp.com](mailto:Kathleen.Ziobrowski@sphp.com).

## Which estate gift option is best for me?

You can choose any one of the following estate giving opportunities:

- Making a bequest in your will
- Establishing a Charitable Gift Annuity or Charitable Remainder Trust that names St. Peter's Hospital ALS Regional Center as a beneficiary
- Making St. Peter's Hospital ALS Regional Center a beneficiary of a life insurance policy, IRA, pension plan or bank account
- Naming St. Peter's Hospital ALS Regional Center as an income beneficiary of a Charitable Lead Trust
- Donating real estate or other property through your estate

## What are the benefits of membership?

By joining The Legacy Circle, you will leave a legacy of hope and make a difference in the lives of those with ALS and their families. Your legacy gift allows us to continue to provide specialized medical and emotional support to maintain quality of life throughout the course of the disease.

*Gifts may vary,  
but the spirit is the same.*



Members of the Legacy Circle also enjoy:

- A commemorative member recognition gift
- An invitation to our annual event hosted by the Chief Executive Officer and the St. Peter's Health Partner's Board of Directors where you will be personally recognized.

We welcome your interest in membership and encourage you to contact us for further information at (518) 482-4433, no obligation of course. We also encourage you to talk with your financial/tax professional to determine which option is best for you.

# THE LEGACY CIRCLE

## Acceptance of Membership

Yes, I qualify for and accept membership in **The Legacy Circle** by placing St. Peter's Hospital Foundation in my estate plan and designating my gift to St. Peter's Hospital ALS Regional Center through:

My will

Charitable gift annuity

Trust

Beneficiary of life insurance, IRA, pension or bank account

Other: \_\_\_\_\_

Please contact me on a confidential basis to discuss a plan that will benefit St. Peter's Hospital ALS Regional Center, no obligation of course.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**CONFIDENTIAL**

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