



Circle of Giving

Change a life. Leave a legacy.

Membership Form

Thank you for becoming a Circle of Giving legacy member! Please complete as much information as possible. If you have any questions, please contact your financial planner or attorney. Return the completed form to us at address below. Thank you for supporting The Phoenix Residence in your estate planning!

Name: _____

Address: _____

Phone: _____ Email: _____

Attorney Name and Firm: _____

Financial Planner Name and Firm: _____

Birthday: _____ Spouse Birthday: _____

I would like to leave a legacy to The Phoenix Residence through my:

- Will
- Retirement Plan or IRA
- Living Trust
- Life Insurance Policy
- Charitable Remainder Trust
- Charitable Lead Trust
- Other: _____

Amount: _____

I wish my future gift to be used for: _____

The Phoenix Residence would like to include your name as a member of our Circle of Giving in our Annual Report and on our website:

- Yes, please list my name as: _____
- No, I would prefer to stay anonymous

Signature: _____ Date: _____

Please return this form to:

The Phoenix Residence, Inc.
222 Plato Blvd. E, Saint Paul, MN 55107