



**Samaritan Society Enrollment Form**

*Serving the healthcare needs of older adults in Western New York*

Serving the needs of...

*Catholic Health Home Care*

*Father Baker Manor*

*Living Independently  
for Elders (LIFE)*

*McAuley Residence*

*Mercy Nursing Facility*

*Our Lady of Victory  
Renaissance*

*Partners In Rehab/  
AthletiCare*

*St. Catherine Labouré*

*St. Elizabeth's Home*

*St. Francis of Buffalo*

*St. Francis of Williamsville*

*St. Vincent's Home*

**I accept a membership in the Samaritan Society of the Continuing Care Foundation. I qualify on the following basis:**

I have included the Catholic Health System Continuing Care Foundation (CCF) in my will.

I have named the Continuing Care Foundation (CCF) as a beneficiary on my life insurance.

I have made other estate provisions involving the Continuing Care Foundation (CCF).  
*(Please describe.)*

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I understand that upon joining the CCF Samaritan Society, I will receive a personal memento. I would like my name to appear as follows:

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Address (Please print)

\_\_\_\_\_  
Signature

I give my approval to have my name included on the CCF Samaritan Society membership list in the CCF publications.

I request that my name not be included on the Samaritan Society membership list.

*The Continuing Care Foundation accepts bequests and other gifts on behalf of the above named beneficiary organizations and services.*

**Legal Title:** Catholic Health System Continuing Care Foundation

Federal Tax ID: 20-0947831

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