

Legacy Gift Recognition

This confirms that I have included a gift to Children’s Medical Center Foundation in my estate plan to help further the mission of Children’s HealthSM to make life better for children for succeeding generations. *This will be used for informational purposes only and is not legally binding.*

My gift is from:

- Bequest in my will or living trust Life insurance policy Brokerage or bank account
 IRA or pension plan Charitable remainder trust Other: _____

I would like my gift to be considered revocable irrevocable

Based on my current estate plan, **Children’s Health** is named to receive a:

Specific amount of \$ _____ or _____% currently estimated at \$ _____

Designation:

My gift is for:

- Current use, designation: _____
 Endowment fund: _____
 Children’s Health greatest needs: _____

Attorney (optional): _____

Financial Advisor (optional): _____

Executor (optional): _____

Documents attached: Yes No Description: _____

Recognition Preference:

Name(s)/Organization/Fund: _____

Anonymity Preference: N/A Anonymous during lifetime Anonymous in perpetuity

Donor one

Printed name: _____ Date of birth: ____/____/____

Signature: _____ Today’s date: ____/____/____

Donor two - N/A

Printed name: _____ Date of birth: ____/____/____

Signature: _____ Today’s date: ____/____/____

Questions?

Please contact:

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