

## My Client's Charitable Plans

Children's Memorial Hospital welcomes a variety of estate gifts from individuals who wish to create a legacy of hope and healing for children and families. We hope that your clients who have named Children's Memorial as the beneficiary of a will, trust, insurance policy, IRA, or other planned giving arrangement will share their names with us, so that we may thank them. In recognition of their generosity and dedication to supporting the work of the hospital into the future, they will be welcomed as new members of the John P. Wilson Society, invited to events that highlight our mission and advances in pediatric medicine, and have the option of recognition in our donor lists. If your client(s) prefers to remain anonymous, we will respect his/her wishes. However, just knowing about your work with a client, without names or details, helps us to project the future community support that is so essential to children's healthcare in Chicago.

### My client has included Children's Memorial Hospital in his/her estate plan.

Please acknowledge my client(s) below with a thank you letter and John P. Wilson Society materials:

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

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

City/State/Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

My client(s) prefers not to be known to Children's Memorial at this time. Please send a thank you letter and John P. Wilson Society materials through me.

### My client has provided for Children's Memorial in the following manner:

- |  |   |
|--|---|
| <input type="checkbox"/> Provision in a will or living trust | <input type="checkbox"/> Beneficiary designation of   |
| <input type="checkbox"/> Specific                            | <input type="checkbox"/> Life Insurance               |
| <input type="checkbox"/> Percentage                          | <input type="checkbox"/> IRA or other retirement plan |
| <input type="checkbox"/> Residual                            | <input type="checkbox"/> Other _____                  |

Estimated amount of bequest: \$ \_\_\_\_\_ Estimated amount of gift: \$ \_\_\_\_\_

### Advisor Information (Please Print)

Advisor Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_



Please mail or fax to:

Andrew Tiebert  
Director, Planned Giving  
Children's Memorial Foundation

2300 Children's Plaza, Box 4  
Chicago, IL 60614  
phone 773.880.4237  
fax 773.880.3304