

My 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 you will share your name(s) and the details of your gift with us so that we may thank you. In recognition of your generosity and dedication to supporting the work of the hospital into the future, you will be welcomed as a new member of the John P. Wilson Society, invited to events that highlight our mission and advances in pediatric medicine, and have the option of public recognition in our donor lists. If you prefer to remain anonymous and not be included on donor lists, we will respect your wishes.

When you share your charitable plans with us, it helps us project the future community support that is so essential to children's healthcare in Chicago.

I have included Children's Memorial Hospital in my estate plan.

Name(s): _____

Address: _____

City/State/Zip: _____ Telephone Number: _____

I wish to remain anonymous. Please do not include my name on donor lists at Children's Memorial.

I have 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: \$ _____

Additional information: _____



Please mail or fax to:

Andrew Tiebert
Director, Planned Giving
Children's Memorial Foundation

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