

LEGACY CHALLENGE CAMPAIGN

GIFT CONFIRMATION



IF you name Children's HealthSM as a beneficiary in your will, trust, retirement plan charitable gift annuity, charitable remainder trust, or life insurance policy,

AND complete this form

THEN a 10% matching donation (up to \$250,000) to a current purpose program can be directed to 1 of 5 options: Children's Health Greatest Need, Research, Enhancements to Children's Health Dallas Campus, Expansion to Children's Health Plano Campus or Mental and Behavioral Health Programs

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please include my spouse: _____ Date of Birth: _____

Estate planning attorney name: _____ Phone: _____

I WOULD LIKE FOR MY PLANNED GIFT TO QUALIFY FOR THE LEGACY CHALLENGE!

1. I/We have included Children's Health as a beneficiary of my/our:

Will/Living Trust Retirement Plan Charitable Remainder Trust Charitable Gift Annuity Life Insurance Policy Other

2. With a gift value of:

\$ _____ (if a specific, fixed dollar amount is named)

OR

_____ % of my/our current estate, currently valued at \$ _____ for Children's Health

_____ % of my/our retirement plan, currently valued at \$ _____ for Children's Health

_____ % of charitable remainder trust, currently valued at \$ _____ for Children's Health

\$ _____, the current cash value of the death benefit of my life insurance policy

3. My bequest to Children's Health depends upon a contingency, such as the prior death of a spouse, partner, or child.

My spouse/partner has done the same. Children's Health will receive our gift after the lifetime of the surviving spouse/partner.

4. Is your planned gift restricted to a specific Children's Health program or area? Yes No

If yes, please specify: _____

5. I would like the Legacy Challenge matching funds to benefit: _____

Matching funds must be directed to an existing program or area at Children's Health.

Children's Health Greatest Need Research Enhancements to Children's Health Dallas Campus

Expansion to Children's Health Plano Campus Mental and Behavioral Health Programs

Children's Health is relying upon this planned gift to help advance the hospital's mission. For every \$10 of your pledged planned gift, \$1 of current Legacy Match funds (with a cap of \$25,000) will be directed to the Children's Health program or area of your choice.

Donor Name: _____ Date: _____

Donor Signature: _____

Second Donor Signature: _____

(Only required if planned gift is payable to Children's Health after the passing of both spouses.)

Donor Name(s) for Acknowledgment Purpose: _____

(Please write ANONYMOUS if you do NOT wish to receive named recognition of your gift.)

Questions? Contact Nicola Lawrence at 469-744-1986 or nicola.lawrence@childrens.com to return the form.

Children's Medical Center Foundation, Att. Legacy and Gift Planning 2777 Stemmons Freeway, Suite 1700 Dallas, TX 75207