



# Confidential Legacy Intention Form

Welcome to the William Cooper Procter Legacy Society—our way of recognizing friends like you who share our vision to improve outcomes for the children and families who rely on us.

### Your support saves lives.

Legacy gifts, such as those included in a will or trust, or as a beneficiary of life insurance or retirement assets, advance life-saving care and research discoveries for generations to come. Membership in the William Cooper Procter Society involves no dues or obligations. It simply helps us thank and recognize you for the plans you have made, as well as the financial future to carry out our mission.

NAME(S)

BIRTHDATE(S) MM/DD/YYYY

[Redacted name and birthdate fields]

ADDRESS

[Redacted address field]

PHONE

EMAIL

[Redacted phone and email fields]

Preferred method of communication:  Phone  Email

### Your gift may inspire others to give, and we hope you are willing to be acknowledged in Cincinnati Children's publications with other members of the William Cooper Procter Legacy Society.

How would you like to be listed in Cincinnati Children's publications and on our donor wall?

PLEASE LIST MY NAME AS: [Redacted]

I PREFER TO REMAIN ANONYMOUS

How often would you like to hear from us?

MONTHLY  ANNUALLY  INVITATIONS TO SPECIAL EVENTS

OTHER [Redacted]

**FOR GIFTS INCLUDED IN YOUR WILL OR TRUST, PLEASE USE THE FOLLOWING LANGUAGE:**

*"I give, devise and bequeath \$\_\_\_\_\_ or \_\_\_\_% of my estate to the Cincinnati Children's Hospital Medical Center, an Ohio nonprofit corporation, to be used for \_\_\_\_\_ or at the discretion of the Cincinnati Children's Hospital Medical Center Board of Trustees."*

**FOR BENEFICIARY DESIGNATIONS:**

*Cincinnati Children's Hospital Medical Center, Cincinnati, OH  
SSN/EIN: 31-0833936*

**Please direct all correspondence, including this completed form to:**

**Mail: Dept. of Development, 3333 Burnet Ave., MLC 9002, Cincinnati, OH 45229-3026**

**Email: [legacyplanning@cchmc.org](mailto:legacyplanning@cchmc.org)**

## Additional Information About Your Gift

Details about your gift help Cincinnati Children's plan for our future, even amounts that may change over time. Your information is confidential, for our records only. This form is not legally binding for you or your estate.

I/We have included in my/our estate plan a gift to Cincinnati Children's for:

CINCINNATI CHILDREN'S GREATEST NEEDS

A SPECIFIC PROGRAM OR AREA AT CINCINNATI CHILDREN'S\*:

*\*Should you wish to designate your gift for a specific purpose, we strongly recommend that you contact us to discuss the restriction to make sure that we are able to honor your intentions.*

### Type of Gift

Check all that apply and please estimate the value of each gift in today's dollars. While you may not choose to share a value, having some idea of the size of the gift helps with future planning.

GIFT FROM MY WILL OR LIVING TRUST\*

EST. VALUE \$

RETIREMENT PLAN/IRA BENEFICIARY\*

EST. VALUE \$

CHARITABLE REMAINDER TRUST\*

EST. VALUE \$

LIFE INSURANCE POLICY\*

EST. VALUE \$

DONOR ADVISED FUND BENEFICIARY\*

EST. VALUE \$

OTHER ASSET(S):

*\*Please supply contact information in the space below (i.e. Executor/Trustee name/phone; retirement plan administrator name/phone; life insurance company/policy number/phone; DAF sponsor name/phone)*

***Cincinnati Children's wishes to assure you that your statement of intention does not constitute a legal obligation and will not be legally binding in any way for you, your heirs, or your estate. Further, Cincinnati Children's understands that the size of your future gift may be different from the amount estimated above.***

SIGNATURE(S)

DATE

*You may also type your name(s) in the box above to sign.*