

William Cooper Procter Legacy Society
For our friends who have included Cincinnati Children's in their estate plans

Name(s) _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Email address _____ Telephone _____

Today's Date: _____

Please describe your planned gift:

- | | |
|---|---|
| <input type="checkbox"/> Will or Living Trust | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> IRA or Retirement Plan Account Beneficiary | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Savings Bonds/Accounts Beneficiary | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Life Insurance Policy Beneficiary | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Other: | |

As of today's date, I estimate the value of this gift to be approximately \$_____ (We understand the size of your future gift might be significantly different than your current estimate.)

Please be assured that this form does NOT create a legal or binding commitment upon your estate. We would simply like to be able to thank you for your thoughtful planning and to make sure your gift is used as you intended. If you would like to designate your gift to a specific area of the medical center, please contact us so we can help you make sure that the designation accurately reflects your intentions.

While we promise to keep the details about your future gift confidential, we would like to include your name as a member of our William Cooper Procter Legacy Society. Is this OK? **Yes** **No**

Please direct any questions and return this form to:

Cincinnati Children's Hospital Medical Center
Department of Development
3333 Burnet Avenue, MLC 9002
Cincinnati, OH 45229-3039

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