



## Planned Gift Notification Form

Planned gifts can have a tremendous impact on children's health and the well-being of the entire family. Bequests, gifts from trusts, beneficiary designations, and other gifts can be among the most impactful charitable donations a person makes in their lifetime, and we appreciate the thought you've put in establishing your plans. Please use this form to tell us about your gift, which qualifies you to be a member of the ***Children's Future Society***, created to recognize and thank donors who are taking the steps to make children's lives healthier and better.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Children's Hospital of Michigan Foundation is included in my/our estate plan (*please complete the information below*).
- I/We would like to receive information about making a planned gift to benefit Children's Hospital of Michigan Foundation.

- I/we have included the Children's Hospital of Michigan Foundation in an estate plan through:
  - a bequest/will
  - a trust arrangement (*type:* \_\_\_\_\_)
  - a beneficiary designation (*account type:* \_\_\_\_\_)
  - an insurance policy
  - other: \_\_\_\_\_
- For your records, I/we have enclosed a copy of the relevant portion of the estate plan that pertains to this gift, or a copy of the planned gift instrument (insurance policy, account info, etc.)

I/we would like this gift to be used

- for a specific purpose: \_\_\_\_\_
- where there is the greatest need

- Please include me/us in the ***Children's Future Society*** listing as follows:  
\_\_\_\_\_

**OR**

- I/we choose not to be listed and would like our gift to remain anonymous.
- I would like to speak with a representative of the Children's Hospital of Michigan Foundation.

The estimated value of this gift is \$ \_\_\_\_\_.

(Providing an estimated value of your gift assists us in planning for the future impact of your gift, but it does not create a legally binding agreement.)

- I would like the following individuals to be notified of my gift when it is realized, and to be invited to participate in any activity around the recognition of this gift:

| <b>Name</b> | <b>Relationship</b> | <b>Contact Info</b> |
|-------------|---------------------|---------------------|
| _____       | _____               | _____               |
| _____       | _____               | _____               |
| _____       | _____               | _____               |
| _____       | _____               | _____               |

Providing the names and contact information for your advisors helps to ensure we have a complete record and enables us to act on your wishes in the future, though this is not required.

**Legal Advisor:**

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

**Contact info:**

\_\_\_\_\_  
\_\_\_\_\_

**Financial Advisor(s):**

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

**Contact info:**

\_\_\_\_\_  
\_\_\_\_\_

- The legal and/or financial advisors listed above may be contacted by the CHM Foundation for additional information regarding my/our planned gift.

**Additional comments or information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form to:**

Children's Hospital of Michigan Foundation  
3011 W. Grand Blvd, Suite 218  
Detroit, MI 48202

**Email:** *LegacyPlanning@CHMFoundation.org*  
**Fax #** (313) 638-1741

**If you have any questions, contact:**

George Westerman, Assoc. Director of Individual & Estate Giving  
Phone: 313-745-9344  
Email: George.Westerman@CHMFoundation.org

*Thank you very much for your generous support and commitment to the  
Children's Hospital of Michigan Foundation*