

A Legacy Gift

As evidence of my/our desire to provide a legacy of support to Children's Minnesota, I/we are pleased to inform Children's that I/we have made a provision for a gift to the Hospital in my/our estate plan. I/we understand that this commitment is revocable and can be modified or cancelled by me/us at any time.

Your gift

It is my/our intent to leave a legacy to Children's Minnesota through my/our:

_____ Will _____ Retirement Plan Assets _____ Life Insurance Policy
_____ Living Trust _____ Charitable Remainder Trust _____ Other

I/we wish to inform Children's, for long-term planning purposes only, that as of this date, the value of my/our gifts is:
\$ _____

I/we understand that by stating an amount, my/our estate is not legally bound by this document and I/we may choose to add, subtract, or revoke this bequest at any time, entirely at my/our discretion.

Children's board policy is to designate planned gifts to the area of greatest need unless you designate your gift to a specific area. Please indicate your interest here:

_____ Named Endowed Fund _____
_____ Other _____

Your information

Name: _____ Birthdate _____

Name (if applicable): _____ Birthdate _____

Address: _____

City/State/Zip: _____

Recognizing your generosity

_____ Feel free to publish my/our names among your lists of Children's Guardian Circle members as a motivation for others to leave a future gift to benefit Children's Minnesota.

I/we would like our names to appear as: _____

_____ Please do not publish my/our names on any donor roster (this is an anonymous gift).

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____