

Provisions

I have made provisions for UPMC Children's Hospital Foundation in my estate plan as follows:

TYPE OF GIFT PROVISION	EST. GIFT AMOUNT
<input type="checkbox"/> Specific asset, property, item, cash bequest, etc. in a will or trust.	▶ \$ _____
<input type="checkbox"/> Provision in my will/trust of _____ % of the remainder of my estate. I estimate the current value of the gift to be:	▶ \$ _____
<input type="checkbox"/> Beneficiary of: <input type="checkbox"/> retirement account <input type="checkbox"/> insurance policy <input type="checkbox"/> annuity policy <input type="checkbox"/> donor advised fund	▶ \$ _____
<input type="checkbox"/> Other gift option (<i>please describe</i>): _____	▶ \$ _____

Designation of Your Gift

If your gift benefits a specific program or fund within UPMC Children's Hospital of Pittsburgh, please specify:
Otherwise, gift will be designated for UPMC Children's greatest needs.

If you designated a specific program or fund, is it stated in your will as well? Yes No
If not, this document will help serve as a guide to how funds will be designated by the Foundation.

Direct Your Match

Your future gift is eligible for an immediate match of 10% of the value of the estate gift (up to a \$100,000 match). To learn more, read the "Legacy Challenge" information sheet or contact us with any questions. Specify where you would like your match to go:

clinical care research patient experience community health

Additional Gift Information/Signature

The gift is in my estate plans only. The gift is in both my and my spouse's estate plans.

Donor Name _____ Birthdate _____

Spouse/Donor Name (*if applicable*) _____ Birthdate _____

Your Signature(s) _____ Date _____

Our tax ID number: 25 - 1865744

Our mailing address: Attn: Gift Planning Office
UPMC Children's Hospital Foundation
One Children's Hospital Drive
4401 Penn Ave
Pittsburgh, PA 15224-1342

***Note: This is not a legally binding document but rather a statement of your intentions.**

Continued

LEGACY challenge

To encourage others to follow your lead, we invite you to join the Jane Holmes Society.



Kayson, patient who received a transplant, pictured with Dr. Mazariegos

Jane Holmes Society

We celebrate our friends who have thoughtfully provided for UPMC Children’s Hospital of Pittsburgh with a gift in their will or other legacy gift through inclusion in the Jane Holmes Society. Miss Holmes’ 1885 bequest was the “down payment” that helped build the original Pittsburgh Hospital for Children. We would like your permission to list your name, among others who have done likewise, in future UPMC Children’s Hospital Foundation publications. Gift amounts are kept confidential and are not disclosed publicly.

Yes, I (we) would like my name listed as a member of the Jane Holmes Society.

▶ How would you like your name(s) listed?

No, I (we) prefer to be an anonymous member of the Jane Holmes Society.

I am (we are) already members of the Jane Holmes Society.



CONTACT US

For additional information about the Legacy Challenge, estate planning, or other giving, please contact UPMC Children’s Hospital Foundation’s gift planning office at **412-692-3924**, nicole.kelly@chp.edu, or visit chpflegacy.org/challenge.

One Children’s Hospital Drive | 4401 Penn Avenue | Pittsburgh, PA 15224

1-877-247-4483 | gifts@chp.edu | chpflegacy.org/challenge

ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE TO THE LIMIT OF THE LAW. OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE PENNSYLVANIA DEPARTMENT OF STATE BY CALLING TOLL FREE WITHIN PENNSYLVANIA 1-800-732-0999. REGISTRATION DOES NOT IMPLY ENDORSEMENT.

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