

**Confidential Statement of Planned Gift**

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

<u>TYPE OF GIFT PROVISION</u>	<u>ESTIMATED GIFT AMOUNT</u>
<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 (please describe): _____	\$ _____

If your gift benefits a specific area(s) or purpose(s) within UPMC Children's Hospital of Pittsburgh, please specify: \_\_\_\_\_ (Otherwise, gift will be designated for UPMC Children's Hospital's greatest needs)

Donor Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 The gift is in my estate plans only.

Donor Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 The gift is in both my and my spouse's estate plans.

\_\_\_\_\_  
Your Signature(s) \_\_\_\_\_  
Date



To encourage others to follow your lead, we invite you to join the **Jane Holmes Society**. We would like your permission to list your name, among others who have done likewise, in future Foundation publications. Gift amounts are kept confidential and are not disclosed publicly.

- Yes, I (we) would like to become a member(s) of the Jane Holmes Society.  
How you would like your name(s) listed? \_\_\_\_\_
- Yes, I (we) would like to become an anonymous member(s) of the Jane Holmes Society  
Please do not include my/our name(s) in any publications.
- No, I (we) would NOT like to become a member(s) of the Jane Holmes Society.
- I (we) are already members of the Jane Holmes Society.

## Important Information

Our tax ID number: 25 - 1865744

Our mailing address: UPMC Children's Hospital Foundation  
4401 Penn Ave  
Pittsburgh, PA 15224-1342

Sample Bequest Language:

"I give, devise and bequeath [identify here a percentage, specific sum of money, or a specific asset] to Children's Hospital of Pittsburgh Foundation, 4401 Penn Avenue, Pittsburgh, PA 15224, to be used for the exclusive benefit of UPMC Children's Hospital of Pittsburgh in such a manner as the Board of Trustees of the Children's Hospital of Pittsburgh Foundation thereof may direct."

For Estate Gifts: Please list a Point of Contact and/or Executor

Name \_\_\_\_\_

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

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

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

A photocopy of the section of your will or trust would be appreciated, though not required.

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For Beneficiary Designations:

"If you name organizations as beneficiaries, arrange for someone to notify them of your death. We don't contact beneficiaries after the deaths of Vanguard account owners."

- Vanguard website (2/12/2020)

Financial Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Date Added: \_\_\_\_\_  Not yet

A copy of your beneficiary change designation form would be appreciated, though not required.

**Submit**