



CHARITABLE STATEMENT OF INTENT

Please complete the following information to inform Children's Hospital of Pittsburgh Foundation of your generous estate gift. Thank you for making our kids a priority in your legacy planning!

The Foundation relies upon this document in our efforts to ensure that your wishes are honored. It is non-binding and may be updated at any time should your intentions change.

Name (*print*) _____ Date of Birth _____

Address _____

Name (*signature*) _____ Date _____

GIFT TYPE

I intend to make a gift to Children's Hospital of Pittsburgh Foundation through my:
(Please include the estimated current monetary value of your gift.)

Will: \$ _____ or _____% of my estate

Life Insurance Policy: \$ _____ Retirement Plan/IRA: \$ _____

Life Income Plan: \$ _____ Other Assets: \$ _____

GIFT DESIGNATION

Please use my planned gift to support the Hospital's greatest needs.

Please use my planned gift to support the following: _____

RECOGNITION

Your name will be included in donor publications as a member of the Jane Holmes Society.

I prefer to remain anonymous. Please do not include my name in any donor or Foundation publications.

Thank you for your commitment to the Children's Hospital of Pittsburgh Foundation. Your generosity will have a significant, positive impact on children's health and allows us to continue providing excellence in patient care, teaching and research.

CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION IS THE SOLE FUNDRAISING ARM OF CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC. THE FOUNDATION IS A 501(c)(3) TAX-EXEMPT ORGANIZATION AND IS A PUBLIC CHARITY UNDER SECTIONS 509(a)(1) AND 170(b)(1)(A)(vi) OF THE INTERNAL REVENUE CODE. CONTRIBUTIONS ARE TAX DEDUCTIBLE TO THE EXTENT PERMITTED BY LAW. **IF YOU DO NOT WISH TO RECEIVE FUTURE COMMUNICATIONS REQUESTING CHARITABLE GIFTS FOR CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC, PLEASE WRITE TO US AT GIFTS@CHP.EDU OR CALL 1-877-247-4483.**