



**Children's Mercy**  
KANSAS CITY

## Gift planning intention form

### *Your plans matter: five reasons to document your charitable intentions*

Thank you for making Children's Mercy a part of your charitable gift plans. Gift planning is a powerful way to ensure your philanthropic giving works for you - meeting both your financial needs and making a real difference for the causes you care about.

Your plans make our plans and that of thousands of families possible. Taking Children's Mercy to the next level cannot be done without your support, engagement, collaboration and partnership. By telling Children's Mercy about your future plans today, you can put your gift to work changing a child's future right away.



#### **Make your wishes clear now.**

Make sure your giving makes the difference you want it to, now and in the future. Documenting your gift provides clear direction to ensure your philanthropic wishes at Children's Mercy are met. It also allows us to keep you up-to-date with exciting developments.



#### **Boost the impact of your legacy today.**

Ask about our Legacy Matching Gift program to see if your commitment is eligible for a match to boost the impact of your commitment by 10%.



#### **Become a member of the Legacy of Care.**

Join 750+ friends and grateful families who, like you, are taking steps today to secure the future health and well-being of children through their legacy giving. Receive special updates, recognition, benefits and invitations, based on your communications preferences.



#### **Inspire others.**

Sharing your name and why you support children's health is the best way to be a part of current campaigns, while inspiring other donors and friends to follow in your footsteps.



#### **Remain flexible.**

You can plan for the future, with no obligation. Any information about your gift will remain confidential and does not create a binding legal agreement.

## Tell Us About Yourself

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

Birthdate(s): \_\_\_\_\_

Name(s) for recognition/publication purposes:  
\_\_\_\_\_

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

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

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

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

Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Details That Give Your Gift Purpose

### Gift recipient:

- Children's Mercy Hospital (current needs)
- Children's Mercy Hospital Foundation (endowment)

### Type of gift:

- Bequest
- Trusts
- IRA/Retirement Plan
- Life Insurance
- Charitable Gift Annuity
- Other

Please provide your best estimate of the value of your planned gift based on the current value of your estate \$: \_\_\_\_\_

### Gift purpose:

- Area of greatest need
- Designated as follows: \_\_\_\_\_

### Matching gift program:

- I would like to participate in the legacy match program and boost the impact of my gift by 10% and designate as follows: \_\_\_\_\_

Children's Mercy understands that this planned gift provision is non-binding and that the circumstances for my gift may change. Any information about my gift will remain confidential, unless otherwise stated, and I can opt to receive as much or as little communication as I prefer.

Signature

Date

Signature

Date

## Inspire Others

Please check all that apply: Y N

I would like to join the Legacy of Care and receive special communications and invitations. \_\_\_\_\_

You may include my name(s) in Legacy of Care listings. By selecting "No", I will remain anonymous for recognition/publication purposes, but continue to receive special communications and invitations. \_\_\_\_\_

I would like to share my story to inspire others to give. Please contact me. \_\_\_\_\_

I would like to continue to receive other communications and updates from Children's Mercy. \_\_\_\_\_

## A Gift That Works For You

Wish to remain completely anonymous? No problem. Simply complete the form as normal and mark the appropriate box in the "Inspire Others" section. If you prefer not to share your name at all, you may still document your gift using an attorney and/or professional advisor proxy. Simply work with your professional advisor to complete the following information:

Advisor name: \_\_\_\_\_

Donor birthdate: \_\_\_\_\_

Advisor signature: \_\_\_\_\_

Advisor contact information: \_\_\_\_\_  
\_\_\_\_\_

### For questions, bequest language or to return form:

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