

Legacy Intention Form



Children's
Healthcare of Atlanta
Foundation

Complete this form to document your non-binding estate gift to Children's Healthcare of Atlanta. Knowing your intentions helps us plan for the future as we continue to offer quality healthcare to children in the years to come. This document supersedes all previous agreements on file.

Name(s): _____

Preferred address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Preferred phone number: _____ Date

of birth: _____ Spouse's date of birth: _____

I have made the following provision(s) for Children's Healthcare of Atlanta as follows:

- ☐ Outright bequest payable upon my/our death(s) directly to the Children's Foundation
- ☐ Provision in will of surviving spouse payable to the Children's Foundation at death
- ☐ Charitable remainder trust with the Children's Foundation named as a charitable beneficiary
- ☐ Testamentary trust established at death, naming the Children's Foundation as a charitable beneficiary
- ☐ Life insurance payable to the Children's Foundation at death
- ☐ Beneficiary designee on an IRA, pension plan, 401(k), 403(b) or revocable living trust to the Children's Foundation
- ☐ Other: _____

Today's value of my future gift provision to the Children's Foundation is approximately \$ _____. However, Children's Healthcare of Atlanta and I understand that future fluctuations/changes in the market/ economy may impact this current value.

- ☐ Allocate my gift to the area of greatest need*
- ☐ I wish my gift to support: _____

***Note:** Gifts allocated to the area of greatest need are the most powerful resources because of the ever-changing priorities and needs at Children's.

____ **I have enclosed a copy of the relevant section of my will or trust, or a copy of my beneficiary form that will be held by the Children's Healthcare of Atlanta Foundation in strict confidence.**

____ **My contribution may be noted in future Children's Healthcare of Atlanta publications.**

(No value will be printed or released without permission.)

Donor's signature _____ Date: _____

Donor's signature _____ Date: _____

Thank you for continuing the legacy and helping secure the future of Children's for generations to come.

Email, mail or fax: Ward Sullivan, Development Director of Legacy Giving

Children's Healthcare of Atlanta Foundation, 1575 Northeast Expressway, Atlanta, GA 30329



Ward.Sullivan@choa.org



404-785-9809



404-785-7355