



## Legacy Intention Form

Thank you for including Nicklaus Children's Hospital Foundation in your gift planning. By sharing the details of your gift, the Hospital can ensure that your generosity is used as you intend and can best plan for the future of pediatric medicine. *Please be assured that this form is used for information purposes and is not legally binding.*

### GIFT DETAILS

It is with great pride that I/we have named Nicklaus Children's Hospital Foundation as a beneficiary of my/our:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Will/Living Trust     | <input type="checkbox"/> Retirement Plan         | <input type="checkbox"/> Brokerage or Bank Account |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> IRA                       |
| <input type="checkbox"/> Other _____           |  |  |

I/we expect the present value of this gift to be approximately: \$ \_\_\_\_\_

Please allocate my/our gift as follows:

- Unrestricted to the area of greatest need  
 Restricted to the following purpose (please specify): \_\_\_\_\_

### WALTERS' LEGACY SOCIETY

Nicklaus Children's Hospital Foundation considers it a privilege to list the members of its Walters' Legacy Society in its publications. Please see my preference below:

- To inspire others to make future gifts, I am/we are proud to be listed as a member of Walters' Legacy Society. I/we wish to be listed as follows:*

\_\_\_\_\_

- I/we wish to remain anonymous.*

### DONOR INFORMATION

First Name(s) \_\_\_\_\_ Last Name(s) \_\_\_\_\_

Street \_\_\_\_\_

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

Signature(s) \_\_\_\_\_

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

May we contact you to learn more and consider you for a donor testimonial story?  Yes  No

### Questions?

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