



Gift Notification Form

FOR PROFESSIONAL ADVISORS

If your client has included Nicklaus Children's Hospital Foundation in their estate plans, we invite you to share that information using the form below. While this is not a binding commitment, we appreciate the chance to acknowledge your client's kindness. Understanding their wishes also helps us communicate appropriately and ensure their generosity is honored and carried out exactly as they envision.

GIFT INFORMATION

My client has named Nicklaus Children's as a beneficiary of his/her/their:

- | | |
|---|--|
| <input type="checkbox"/> Will, living trust, or life insurance policy | <input type="checkbox"/> Retirement plan beneficiary designation |
| <input type="checkbox"/> Charitable remainder trust | <input type="checkbox"/> Donor-advised fund succession plan |
| <input type="checkbox"/> Other: _____ | |

Estimated current value of gift: \$ _____ (or _____ % of \$ _____ value)

- Donor prefers not to disclose the gift amount.
 This gift is contingent.

Future gift is:

- Unrestricted
 Restricted to the following purpose: _____

RECOGNITION

- My client would like to be recognized for their gift and become a member of Walters' Legacy Society.*
 My client prefers to remain anonymous.

** We will thank your client and send a welcome packet with recognition options. If you check this box, please include your client's contact information on the reverse.*

CLIENT INFORMATION

Client name(s): _____
Address: _____
Preferred telephone number(s): _____
Email address: _____

ADVISOR INFORMATION

Name: _____
Firm name: _____
Preferred telephone number(s): _____
Email address: _____