

Future Gift Confirmation Form

To best plan and build for the hospital's future, Children's Colorado not only needs to increase the number of donors who generously give to our organization today, but also partner with donors like you who have plans to graciously give to the hospital in the years to come. Donors who let us know that we are in their wills or estate plans are crucial to helping children for years to come.

Please let us know about your gift intentions today by completing this form to your comfort level.

Kaley, 9



My/our future gift is from:

- | | |
|---|--|
| <input type="checkbox"/> Bequest in my will or living trust | <input type="checkbox"/> Life insurance policy |
| <input type="checkbox"/> Brokerage or bank account | <input type="checkbox"/> IRA 401(k) Plan or pension plan |
| <input type="checkbox"/> Charitable remainder trust | <input type="checkbox"/> Other: _____ |

My/our future gift is for:

- Greatest needs of Children's Colorado
- A specific purpose: _____

Based on my/our current estate plan, Children's Hospital Colorado is named to receive a:

Specific amount of \$ _____ or _____ % currently estimated at \$ _____

Recognition:

- To inspire others to make future gifts, I consent to Children's Colorado recognizing me publicly as part of the Children's Hospital Colorado Foundation Tammen Society (future gift recognition society).
Please list my/our names as: _____
- I wish to remain anonymous

Comments: _____

Printed Name: _____ Date of Birth: ____/____/____

Signature: _____ Today's Date: ____/____/____

Printed Name: _____ Date of Birth: ____/____/____

Signature: _____ Today's Date: ____/____/____

Attorney (optional): _____

Financial Advisor (optional): _____

Questions? Please contact:

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This form is used for information purposes only and is not legally binding.