



Children's Mercy
KANSAS CITY

Gift planning intention form

Five reasons for donors to document their charitable intentions

Thank you for being a champion for the health and wellbeing of children in our community. When your clients reveal that they have included, or are considering including Children's Mercy in their estate plans, the opportunity to share details about their intentions, in effect 'documenting' their generous future gifts, can bring lasting benefits. Learning about these plans today helps Children's Mercy put your client's gift to work, as they intend, for children right away.



Make their wishes clear.

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



Give a gift with purpose.

Your client's plans make our plans and that of thousands of families possible. Taking Children's Mercy to the next level cannot be done without the support of the community.



Become a member of the Legacy of Care.

Join 750+ friends and grateful families who, like them, are taking steps today to secure the future health and wellbeing of children through their legacy giving. They will receive special updates, recognition, benefits and invitations, based on their communication preferences.



Inspire others.

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



Remain flexible.

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

❖ **Please complete the following required information**

Donor Birthdate(s): _____

Please ask your client to provide a best estimate of the value of their planned gift based on the current value of their estate.

\$: _____

❖ **For Donors Who Wish To Fully Document Their Gift**

Donor Name(s): _____

Donor Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gift recipient:

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

Type of gift:

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

Gift purpose:

- Area of greatest need
- Designated as follows: _____

Communication and Recognition Preferences. Please complete the following with your client:

	Y	N
1. I would like to join the Legacy of Care and receive special communications and invitations.	_____	_____
2. I would like to be recognized in Legacy of Care listings. By selecting "No", I will remain anonymous for recognition purposes, but continue to receive special communications and invitations.	_____	_____
3. I would like to share my story to inspire others to give. Please contact me.	_____	_____
4. I would like to continue to receive other communications and updates from Children's Mercy.	_____	_____

Donor Signature

Date

Donor Signature

Date

❖ **For Donors Who Wish To Remain Entirely Anonymous**

Donors who prefer not to share their name may still document their gift using an attorney and/or advisor proxy.

Advisor Name: _____

Advisor Signature: _____ Date: _____

For questions, bequest language or to return form:

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(816) 302-0419 | giftplanning@cmh.edu | childrensmercy.org/helpkids