

Please Help Us Understand Your Wishes

On behalf of the patients and families served by Children's Hospital of Philadelphia, thank you for including CHOP in your estate plans.

Your gift reflects the promise that every child will be able to experience a healthy future. In return, we make these promises to you:

- CHOP is committed to maintaining the highest standards of ethics and continuing to be worthy of your legacy support.
- We will respect your privacy.
- We will respect your right to change your plans.
- We promise to use your gift the way you intend.

Sharing the details of your gift below helps us ensure your gift is used as you intend and welcome you to the Lewis Society. Please be assured that this form is nonbinding, and we respect your right to change your plans in the future.

GIFT DETAILS

I have already included a gift to CHOP in my will, trust, or through a beneficiary designation.

Gift is included in:

- | | |
|--|--|
| <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: _____ | |

Optional: Estimated current value of planned gift \$ _____

Future gift is:

Unrestricted Restricted to the following purpose (please specify): _____

Name(s): _____

Telephone: _____ Email: _____

Address: _____

Signature(s): _____

THE LEWIS SOCIETY

Children's Hospital of Philadelphia honors those who have created a gift for us in their wills, trusts, or by beneficiary designations by welcoming them into the Lewis Society.

Please recognize me/us on the Lewis Society Honor Roll by listing my/our name(s) as follows:

I/We prefer to remain anonymous from public recognition.

We are here to help with any questions. Please contact Norman Lawrence, Planned Giving Officer, Lawrencen@chop.edu or 267-426-5645.

