



REVOCABLE PLANNED GIFT CONFIRMATION

The Turner Cook Society honors those who have made plans to leave a gift to Cook Children's. Please help us understand your wishes for your gift by using this form to share or update your intent so that we may recognize you as a member of The Turner Cook Society. *Your information will remain confidential.*

As evidence of my/our desire to provide a legacy of support to W.I. Cook Foundation, Inc. dba Cook Children's Health Foundation, a non-profit corporation currently located at 801 7th Avenue, Fort Worth, TX 76104-2796, I/we hereby inform you that I/we have made a provision for Cook Children's Health Foundation in my/our estate plans. I/we understand that this commitment is revocable and can be modified by me/us at any time.

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

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

Address: _____

Email: _____ Phone: _____

Description of Gift (Type/Value):

- Bequest in Will or Revocable Trust
- Percentage of Estate _____ % Specified amount \$ _____
- Life Insurance Policy Beneficiary
- Beneficiary designation in my/our retirement plan/IRA/401K (Please describe)

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- Beneficiary of a charitable trust or annuity
 - Beneficiary of all or a portion of my donor-advised fund
 - Other _____

As of this date, the estimated value of my/our gift is \$ _____ or _____ %.*

* I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I/we may choose to add, subtract or revoke this expectancy at any time, at my/our sole discretion.

Documentation: We welcome any attachments or excerpts from your estate plan which further describe the nature of your gift to Cook Children's Health Foundation. Documents provided:

- Copy of relevant estate documents or beneficiary agreements
- Letter from attorney or financial advisor – Name of Advisor/Attorney: _____ Phone: _____
- This form serves as documentation of my/our commitment

I/we intend this gift to be used for:

- Area of greatest need
- A specific program or purpose: _____

If, in the judgment of Cook Children's Health Foundation, changed circumstances should at some future time, render the designated use of this gift no longer appropriate, then the Board shall use the gift to further the objects and purposes of Cook Children's, giving consideration to my special interest as indicated above.

Membership

- I/we accept membership into the Turner Cook Society (recognition society for donors who have included Cook Children's Health Foundation in their estate plans). Please publish my/our name(s) among your list of Turner Cook Society members.
- Please do not list my/our name publicly.

For recognition on the Atrium Donor Wall, I/we would prefer to be listed as (please select one):

- My/our name(s): _____
- Anonymous during my/our lifetime
However, when the gift is realized, I/we would welcome recognition of our gift with my/our name(s):

- Anonymous in perpetuity

I/we understand that this "Statement of Recognition" is not binding. Rather, it is intended to assist Cook Children's Health Foundation in recognizing its donors, planning for future needs and implementing my/our wishes.

Signature _____ **Date** _____

Signature _____ **Date** _____

Kindly return this form to Michele Schneidenbach, Director of Planned Giving
801 7th Avenue, Fort Worth, TX 76104
(682) 303-3769
michele.schneidenbach@cookchildrens.org

THANK YOU

On behalf of our entire Cook Children's family and especially our patients, thank you for your investment in our future. Your support will allow us to respond to the ever-changing needs of our patients and families for years to come.