NORTH CAROLINA
Children's

5221 Paramount Parkway, Suite 300
Morrisville, NC 27560
www.ncchildrens.org/give

NORTH CAROLINA CHILDREN'S FOUNDATION, INC.
STATEMENT OF INTENT FOR PLANNED GIVING

Thank you for including the North Carolina Children's Foundation, Inc. ("the Foundation") in your future charitable plans. The information below outlines your intent so we may recognize and honor your generosity responsibly.

GIFT INFORMATION

I/We have included the Foundation in my/our estate plans through one or more of the following *(check all that apply):*

- ☐ Bequest through my/our will or trust
- ☐ Life Insurance designation
- ☐ Retirement Plan Beneficiary (IRA, 401(k), or similar
- ☐ Donor-Advised Fund (DAF) designation
- ☐ Other Planned Gift (please describe): _____

ESTIMATED GIFT VALUE *(Sharing an estimate is optional but appreciated)*

Approximate or actual value: _____

DESIGNATION

My/Our gift should support the following:

- ☐ NC Children's area of greatest need at the time the gift is realized
- ☐ NC Children's Campus and Facilities
- ☐ NC Children's Programs and Services

DONOR INFORMATION

Name(s) _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

- ☐ I/we wish to be recognized as follows: _____
- ☐ I wish to remain anonymous

RECOGNITION AND ADMINISTRATION

The gift shall be administered in accordance with the laws of the State of North Carolina and policies and procedures of NC Children's and NC Children's Foundation then in effect. In acknowledgement of this gift intention, the Donor(s) will be recognized through membership in the NC Children's Legacy Giving Society, and may be recognized within NC Children's Hospital publications, donor listings, and other recognition materials, unless anonymity is requested.

LEGACY STATEMENT

We would be honored to learn what inspired your decision to include NC Children's in your legacy plans. If you wish, share a brief legacy statement below. Please also indicate if we may share your statement or if you would like it to remain private.

☐ You may share my statement on NC Children's materials

☐ Please do not share my statement on NC Children's materials

Donor Signature(s)

Signature _____ Date _____

Signature _____ Date _____

Thank you for joining the Legacy Giving Society and for your support of NC Children's!

Please return this form and direct any questions to:

Morgan Abbott, J.D.
President, NC Children's Foundation
919-810-5008
Morgan.Abbott@ncchildrens.org

Completion of this form is a notification of intent only and does not create a legal obligation. Planned gifts may be modified at any time. The Foundation represents that it is qualified as a charitable organization under Section 501(c)(3) of the Internal Revenue Code and its Federal Tax Identification number is 35-2918035. This form will be part of the Foundation's records and is intended as a guide to those who may administer the intended gift in the future.