

Clara Driscoll Society



Future Gift Intention

The Clara Driscoll Society thanks, honors and recognizes all individuals who have generously chosen to include Driscoll Children's Hospital in their future gift plans or who have established a life-income gift. Driscoll Children's Hospital invites you to join the Clara Driscoll Society by sharing your intentions with us.

I/We pledge to support Driscoll Children's Hospital with a future gift plan(s) as follows (please check all that apply):

- Will or Trust Provision
- Retirement Assets Provision
- Life Insurance Beneficiary
- Charitable Trust
- Recommend distribution to Driscoll Children's Hospital from my donor-advised account
- Other _____

Driscoll Children's Hospital will receive this gift:

- Upon my death
- Upon the death of my surviving spouse
- Other _____

The provision(s) state a:

- Percentage of estate/account % _____ or Specific dollar amount \$ _____
- Current estimate of future gift _____

I/We would like this gift to support (check all that applies):

- Driscoll Children's Hospital greatest needs
- Driscoll Children's Hospital General Endowment Fund
- Department or Program _____
- Please contact me to discuss how my gift could be used

Name Signature Date

Joint Member's Name Signature Date

Address City, State, Zip _____

Email Phone Number (s) _____

Preferred Contact Method _____

Please continue on back



May we publicly thank you for your generous intention?

(Note that the details of your gift remain confidential.)

- Yes, Driscoll Children's Hospital may publish my (our) name(s) as a member of the Clara Driscoll Society.
- I/We am/are pleased to join the Clara Driscoll Society, but prefer to remain anonymous at this time.
- I/We would like more information on how to build a DCH legacy.

Please attach any documentation that applies to your intention. Documentation may include a copy of the will or trust provision pertaining to Driscoll Children's Hospital, a copy of the beneficiary designation form and summary page from a retirement or life insurance statement, and/or contact information for your executor or trustee.

Driscoll Children's Hospital recognizes that this gift is subject to change depending on personal and economic circumstances. This form is not intended to be a legally binding pledge, and any information you provide will remain confidential. Should your intentions change over time, please notify us.

Thank you for your vision for and generosity to Driscoll Children's Hospital.

Please contact us with any questions or comments you may have.

John Hyde
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Legal name: Driscoll Children's Hospital
Tax ID: 74-2577746

Mailing Address:

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Driscoll Children's Hospital
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PERPETUATE YOUR DCH LEGACY

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Driscoll
Children's Hospital

DEVELOPMENT FOUNDATION