



ANNAE BARNEY GORMAN SOCIETY
Confidential Planned Gift Notification Form

An expression of commitment to The Children's Medical Center of Dayton

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Address _____
Street City State Zip

Home Phone _____ Work Phone () _____ Cell Phone () _____

MY/OUR WILL AND/OR OTHER ESTATE PLANNING DOCUMENTS, WHICH INCLUDE A PROVISION FOR THE CHILDREN'S MEDICAL CENTER OF DAYTON, WERE EXECUTED ON: _____
Month Day Year

TYPE OF BEQUEST:

____ Specific Amount ____ Percent Of Estate (____%) ____ Remainder Of Estate
____ Beneficiary Of Ira Or Other Retirement Account ____ Life Insurance ____ Living Trust

The approximate amount of my/our bequest, based on today's value, is \$ _____

Purpose of Gift: _____

Attorney/Advisor Name _____ Work Phone _____

Firm's Name _____

Address _____

____ Please include my/our name(s), without disclosure of the amount, as Annae Barney Gorman Society members. I/we would like our names to be recognized as follows:

(Please print your name(s) as you would like to be listed.)

____ I/we prefer that our gift remain anonymous.

Signature _____ Date _____

Signature _____ Date _____