

# Statement of Future Gifts

Donor Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Donor Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## Gift Information:

I have made the following provision(s) for The Nemours Foundation:

- Outright bequest payable upon my death directly to The Nemours Foundation
- Provision in will of surviving spouse/partner payable to The Nemours Foundation
- Beneficiary designees of a life insurance policy, IRA, pension plan, 401(k), 403(b) or 457(f)
- A trust naming The Nemours Foundation as the beneficiary
- Other \_\_\_\_\_

The estimated current value of my future gift is \$ \_\_\_\_\_

*\*This estimate is a reference for internal documentation and is not binding on the estate.*

Please direct the proceeds from my future gift as follows:

- Unrestricted gift to support The Nemours Foundation
- To benefit an existing fund \_\_\_\_\_
- To create a new fund \_\_\_\_\_

## Donor Recognition Preferences:

All donors of future gifts become members of The 1936 Society. To ensure your recognition preferences are honored, please select one of the options below:

- The Nemours Foundation has my permission to publish my/our name(s) along with other members of The 1936 Society  
Please publish my/our name(s) as follows:  
\_\_\_\_\_

*No pledge value will be printed or released without permission.*

- Please **do not** publish my/our name(s)

I would like to designate the following individual(s) as successor or recipient(s) of any information relating to my gift:

Name \_\_\_\_\_ Address \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Relation \_\_\_\_\_

Donor (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

***Thank you for your support of The Nemours Foundation!***



Well Beyond Medicine