



William Cooper Procter Society Enrollment Form

I/We have included Cincinnati Children's Hospital Medical Center in my estate plan and wish to be recognized as a member of the William Cooper Procter Society:

Name(s)

Address

City

State

Zip

Email address

Telephone

DOB: _____

Please Check One:

- Include the name(s) as shown above in the William Cooper Procter Society listing in the Cincinnati Children's Hospital Medical Center Annual Report.
- I/We prefer to remain anonymous for publicity purposes, but will accept other benefits of membership.

I/we have included Cincinnati Children's Hospital Medical Center in our plans as follows:

- Will or Living Trust
- IRA or Retirement Plan
- Real Estate
- Life Insurance Policy
- Charitable Remainder Trust
- Charitable Gift Annuity
- Charitable Lead Trust

Approximate amount of gift: _____

Signature: _____ **Date:** _____

Although the following information is not required for membership in the William Cooper Procter Society, your answers will greatly assist with Cincinnati Children's long-range planning for the future. Specific terms of your gift will remain confidential.

Describe the details of your gift plan that will benefit Cincinnati Children's, and/or attach a copy of the relevant documents:

This gift is to benefit Cincinnati Children's, or a specific program, as described below. Please consult Mary Newman or Karen Kratz to make sure that the designation can be used as you wish:

Cincinnati Children's Hospital Medical Center would like to recognize your attorney and/or other professional advisor(s) who have assisted you in creating your legacy that will ultimately benefit Children's Hospital. We hope you will take a moment to add name(s) and address(es) below so that we can thank them personally at one of our special events held for professional advisors. Please add additional names on the back of this sheet. Thank you for your assistance.

Name

Address

Phone

Email Address

Please return this membership acceptance form in the enclosed envelope.

Questions may be directed to:

Karen Ecker Kratz, JD
Director,
Gift Planning
513-636-5683

Mary A. Newman
Senior Donor Relations Officer,
Gift Planning
513-636-5686

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