



The Clara Driscoll Society

Planned Gift Intention Form



Driscoll Children’s Hospital’s Clara Driscoll Society honors and recognizes individuals who have generously chosen to include Driscoll Children’s Hospital in their planned gift plans or who have established a life-income gift. We invite you to join the Clara Driscoll Society by sharing your intentions with us so we can better understand and execute your wishes.

I/We have named Driscoll Children’s Hospital as a Beneficiary (please check all that apply):

- Will or Trust
- Retirement Assets
- Life Insurance
- Charitable Trust
- Donor-Advised Fund
- Other (please specify) _____

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 _____

Name Signature Date

Joint Member’s Name Signature Date

Address _____ City, State, Zip _____

Email _____ Phone Number(s) _____

Preferred Contact Method _____

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.

For questions or to return completed forms:

Sean Pieri

Vice President

Development Foundation

development@dchstx.org

(361) 694-6405

Driscoll Children's Hospital

Tax ID: 74-2577746

3533 S. Alameda Street

Corpus Christi, Texas 78411

Revised August 2022