

# Wishes Endowment Pledge Form

I/We hereby indicate my/our intention to join others in supporting the Wishes Endowment Campaign. My/Our legacy will be to answer the wishes of parents for generations to come.



Blank Children's Hospital  
UnityPoint Health

## Wishes Endowment Campaign - Outright Gift/Pledge

I/We intend to support the Wishes Endowment Campaign with a pledge of \$ \_\_\_\_\_.

My/Our gift is designated for \_\_\_\_\_.

I/We would like to begin payments of \$ \_\_\_\_\_ per year on \_\_\_\_\_ over the next five years.

## Wishes Endowment Campaign - Planned Gift

I/We have included Blank Children's Hospital in my/our estate plans through:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> My/Our will             | <input type="checkbox"/> My/Our living trust             | <input type="checkbox"/> Retirement plan asset |
| <input type="checkbox"/> Charitable gift annuity | <input type="checkbox"/> Charitable gift remainder trust | <input type="checkbox"/> Insurance Policy      |

A conservative estimate of the current value of my/our planned gift or gifts is \$ \_\_\_\_\_.

My/Our planned gift is designated for \_\_\_\_\_.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Name(s) (please print) \_\_\_\_\_

Name(s) (listed for recognition) \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone Number(s) (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address \_\_\_\_\_

You have my/our permission to use my/our name(s) on the donor wall and in donor reports and other materials pertaining to the Endowment.

Please print this form and mail it with your contribution to:

Blank Children's Hospital, 1200 Pleasant Street, Des Moines, IA 50309

www.blankchildrens.org | 515-241-6304