

Wishes Endowment Pledge Form



**BLANK CHILDREN'S
HOSPITAL**
IOWA HEALTH - DES MOINES

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.

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:

My/Our will My/Our living trust Retirement plan asset

A charitable gift annuity A charitable gift remainder trust An 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 (Home) _____ (Cell) _____

Email address _____

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