



RMHC®

Ronald McDonald House Charities®  
Chicagoland & Northwest Indiana

*Celebrating 40 Years*

Dear

Thank you for choosing to inform us of your intention to leave a Bequest in your will and/or make a Planned Gift to support Ronald McDonald House Charities of Chicagoland & Northwest Indiana (RMHC-CNI).

Thanks to your support, we have provided care and comfort to thousands of families of children with complex medical conditions for nearly forty years. During these difficult times, we have kept families together in a 'home away from home' and have made it possible for parents to focus on what matters most – helping their child heal faster.

The actions we take today greatly determine our ability to meet the current and new demands of our programs and services. Please fill out the Intent of Planned Gift Form now to allow us to record this thoughtful planned gift to RMHC-CNI. Your future legacy will help RMHC-CNI keep our mission vibrant and the "House that love built" open to families and children for generations to come.

Thank you again, and we look forward to your continued support.

Sincerely,

Holly Buckendahl  
Chief Executive Officer

**STATEMENT OF PHILANTHROPIC INTENT**

Name(s) \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_\_ Spouse Birthdate (mm/dd/yy): \_\_\_\_\_

E-mail: \_\_\_\_\_

**\*\* Note: ALL INFORMATION IN THIS DOCUMENT REMAINS STRICTLY CONFIDENTIAL EXCEPT WHERE/WHEN PERMISSION IS GIVEN FOR DONOR RECOGNITION.**

As an indication of my/our future support for Ronald McDonald House Charities of Chicagoland & Northwest Indiana (RMHC-CNI), I/we are pleased to report that I/we have made a gift or estate provision for the benefit of RMHC-CNI.

- A.  Outright bequest via Will(s) or Personal Trust(s) dated \_\_\_\_\_
- Charitable Remainder Annuity Trust or  Charitable Remainder Unitrust
- RMHC-CNI named as beneficiary on my/our
  - Commercial Annuity
  - Retirement Account
  - Life Insurance
- Other \_\_\_\_\_

- B. Is the gift provision
  - Lump Sum \$ \_\_\_\_\_
  - Percentage \_\_\_\_\_% (Today's value estimated at \$ \_\_\_\_\_)

C. My/our gift provision is:  Revocable  Irrevocable

- D. I/we request my/our future gift be used for:
  - The area of greatest opportunity or need
  - Other (Specify initiative, program location, campaign, etc.)

\_\_\_\_\_

I/we understand that these statements and estimates are offered solely to assist RMHC-CNI in recording and projecting future financial support and gift expectancies.

**\*\* THIS IS NOT A BINDING LEGAL OBLIGATION UPON THE DONOR OR HIS, HER OR THEIR ESTATE AS TO THE VALUE OR RECEIPT OF THE PROVISION(S) HEREIN REVEALED AND DESCRIBED.**

Signature of Donor \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Donor \_\_\_\_\_ Date: \_\_\_\_\_

**I. Contact Information**

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**II. Donor Recognition**

RMHC-CNI does list donors who have made commitments to the organization in various publications. By doing so, other supporters may think about the possibilities of making provisions for the charity in their own estate or financial plans.

A. May we have your permission to list your name in our publications including our Annual Report and the William A. Burns Legacy Giving Society display located at the Ronald McDonald House near Lurie Children's?

Yes  No

B. If yes, please provide your name as you wish to be recognized.

\_\_\_\_\_

**III. Professional Advisors**

Do you have any professional advisors with whom we should connect at some time?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Comments, suggestions, requests for additional information.**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
RMHC-CNI CEO Date \_\_\_\_\_

\_\_\_\_\_  
RMHC-CNI Planned Giving Officer Date \_\_\_\_\_