

The Carillon Society Intention Form

Thank you for sharing your plans to make a bequest or other planned gift to Nemours A.I. DuPont Hospital for Children. With this declaration of your intention, you become part of a very special group of people, the Carillon Society. It's our way of recognizing those whose gifts will help ensure the hospital's ability to provide the best in care for children for years to come. Your response will remain confidential. This form is not a pledge or binding agreement.

Name(s): _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____

I have made the following provision for Nemours:

- checkbox a gift in my will or trust
checkbox a gift of retirement plan assets
checkbox a gift of life insurance proceeds
checkbox other gift provision

Any additional information you would like to share:

Three horizontal lines for additional information.

checkbox Please check here if you would like to be an anonymous member of The Carillon Society. This means that your name will not be included in any gift recognition by the Nemours Fund for Children's Health without your permission.

Signature(s):

Horizontal line for signature.

Date: _____

Please return this form to:

Melissa Chirinos
Nemours Fund for Children's Health
Shands House
1600 Rockland Road
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Phone: (302) 298-7551
Fax: (302) 651-4487
Email: melissa.chirinos@nemours.org

