



**Children's Hospital**  
New Orleans  
LCMC Health

## LETTER OF INTENT FOR ESTATE GIFT

I desire to provide for the future well-being of Children's Hospital through a provision in my estate plans, and with this letter I am informing Children's Hospital of my plans. I understand that this future commitment can be revoked or modified by me at any time.

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### I have made a provision to leave a legacy to Children's Hospital through my:

Will                       Retirement plan or IRA

Living trust               Life insurance policy               Other: \_\_\_\_\_

I wish to inform Children's Hospital, for long-term planning purposes only, that the value of my future gift is \$\_\_\_\_\_. (This amount is kept confidential; if your gift is a percentage of your estate, please indicate the approximate value.) I understand that by stating an amount, my estate is not legally bound by this statement and that I may choose to add, subtract or revoke this bequest at any time.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Submit form to:

Children's Hospital  
Development Department  
200 Henry Clay Avenue  
New Orleans, LA 70118  
Attn: Sarah Henry

[Sarah.Henry@LCMCHealth.org](mailto:Sarah.Henry@LCMCHealth.org)