

Notice of Client's Estate Plan Gift

This is to advise that my client(s), _____, who reside(s) in _____, has/have included _____ (name of Advocate hospital/program) in his/her/their estate plans in the following manner (check all boxes that may apply):

- will or living trust charitable remainder trust retirement plans insurance policy
 other means not listed above: _____

The gift is to be used for the following purpose:

Information Related to Gift*

- Estimated gift value: _____ (optional)
- With regards to listing my client for donor recognition purposes:
 - my client(s) should appear in donor listings as follows: _____
 - please do not list my client(s) in donor listing
- The year of birth of my client(s): _____
- See the attached excerpt from the estate plan of my client(s) (optional)
**It is understood that this notice is not legally binding.*

Advisor Name

Email/Phone

Date

Firm

Address

City/State

Please send this form to:

Office of Gift Planning
Advocate Charitable Foundation
2025 Windsor Drive
Oak Brook, IL 60523

For more information:

John Holmberg, CFP®
Vice President, Gift Planning
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Tax ID: 36-3297360