

Date

Signature

Fund Development Office, 625 Community Way, Lancaster, PA 17603

717-393-0425 | dsunday@schreiberpediatric.org

	of Intent for Estate Gift sire to provide for the future of Schreiber Cent	ter for Pediatric Neve	lonment through	a provision in my/	our estate plans I/we
understand that this future commitment can be revoked or modified by me/us at any time. Please provide the following information and return this form the Fund Development Office at the address above:					
Name/s (Pi	ease include your spouse's name if this is a joint gift)				
Address					
City		State		Zip Code	
Phone		Email			
I/we ha	ve made the following provision to leave a lega	acy to Schreiber Cent	er for Pediatric D	evelopment (pleas	e check all that apply):
	I/we have included Schreiber Center for Pediat	tric Development in my	//our Will or Revoc	cable Trust.	
	I/we have established an income-producing gift plan for the benefit of Schreiber Center for Pediatric Development (charitable gif				
	annuity, charitable lead trust, charitable remain	nder trust, other).			
	I/we have made other estate provisions naming retirement plan or IRA, other).	ng Schreiber Center for	Pediatric Develop	ment as beneficiary	(life insurance policy,
financia	rovide a copy of the relevant portion of the legal I or legal adviser describing your future gift to Sch or Pediatric Development:		-		
	th to inform Schreiber, for long-term planning pugift is a percentage of your estate, please indicate			//our future gift is: \$	5
Please ir	ndicate how wish to support Schreiber with your	gift:			
	Schreiber Endowment				
	General Operations				
	Uncompensated Care				
	Area of Greatest Need				
	You may publish my/our names, as listed abo	ove, as part of The 19.	36 Society, or oth	er recognition soci	ieties, honor rolls.
	I/we prefer not to be listed, but will accept o	other benefits of mem	bership.		

Spouse's Signature (if applicable)