

# Notice of Client's Estate Plan Gift

This is to advise that my client(s), \_\_\_\_\_ (name of client(s)), who reside(s) in \_\_\_\_\_ (name of city and state), 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

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Email/Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/State

### **Please send this form to:**

**Office of Gift Planning**  
Advocate Charitable Foundation  
3075 Highland Parkway, Suite 600  
Downers Grove, IL 60515

Fax: 630-929-9900

### **For more information:**

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