

ChildFund Planned Giving Notification Form

If you have made provisions for ChildFund International in your will, trust, life insurance policy or retirement plans, please complete this form which will aid ChildFund in seeing that your wishes are fulfilled as you intended. Please include the following:

Full legal name: **ChildFund International USA**
Address: **2821 Emerywood Parkway, Richmond, VA 23294**
Tax ID number: **54-0536100**

Name(s): _____

Address: _____

Telephone Home/Work: _____ Email address: _____

Please indicate the type of gift:

- | | |
|---|--|
| <input type="checkbox"/> Bequest in Will or Living Trust | <input type="checkbox"/> Retirement Plan |
| <input type="checkbox"/> Charitable Remainder Trust or Unitrust | <input type="checkbox"/> Life Insurance Policy |

Other: _____

General description of gift provision (dollar amount, percentage, present value, etc.):

Attorney's name: _____ Phone: _____

- I wish my future gift to be used to benefit children where the need is greatest.
 Other: Specific Program or Country: _____

If possible, please include a copy of the portion of your planned gift that pertains to ChildFund and expresses your wishes.

I understand that this documentation is offered solely to assist ChildFund International and will remain **strictly confidential**. This is not a binding legal obligation and your gift is revocable.

Signature of Donor: _____ Date: _____

Signature of Donor: _____ Date: _____

Please return this form to: ChildFund International, Office of Planned Giving, 2821 Emerywood Pkwy, Richmond, VA 23294. **If you have questions call:** Your representative, 1-800-752-9593 or visit www.ChildFund.org.