

# Hillside Family of Agencies Pinnacle Society Gift Disclosure Form



Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Attorney Name and Address: \_\_\_\_\_  
\_\_\_\_\_

I have made provisions in my estate plans for Hillside Children's Foundation to benefit the following affiliate:

- |   |   |
|---|---|
| <input type="checkbox"/> Hillside Family of Agencies          | <input type="checkbox"/> Snell Farm Children's Center |
| <input type="checkbox"/> Hillside Children's Center           | <input type="checkbox"/> Stillwater Children's Center |
| <input type="checkbox"/> Hillside Work-Scholarship Connection |   |

If you are comfortable, please provide additional details regarding your gifting plans:	Estimated Amount
1. Outright bequest in my will (please indicate percentage or dollar amount)	\$ _____
2. Provision in the will of the survivor of my husband/wife and myself (please indicate spouse's date of birth _____)	\$ _____
3. Life Insurance Policy, Gift Annuity or Retirement Plan	\$ _____
4. Trust under my will with the above-designated agency as the remainder or income beneficiary	\$ _____
5. I have made provisions for a gift to benefit Hillside after my lifetime with another organization (e.g., Community Foundation, United Way)	\$ _____
6. Other (please describe): _____	\$ _____

Attachments or letters that further describe the nature of the above provision(s), or copies of the section of the will or trust in which our institution is mentioned, are encouraged and welcome.

Please check this box if you wish to remain anonymous.

For recognition purposes, please indicate how would you like your name to appear:

\_\_\_\_\_

Signature (required): \_\_\_\_\_

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

Please return this form to:  
Hillside Children's Foundation  
1183 Monroe Avenue,  
Rochester, NY 14620

For questions, please call or email Christie M. Raymo  
585.256.7513 or 585.256.7515  
craymo@hillside.com  
Search "Planned Giving" at [www.hillside.com](http://www.hillside.com)

