



**Dream Builders Society Statement of Support**

Memorial Foundation and Joe DiMaggio Children's Hospital Foundation recognizes those who have, through forethought and generosity, made a provision in their financial and estate plans to perpetuate the rich tradition of quality healthcare provided by the Memorial Healthcare System.

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

Spouse: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_

**I (we) have made a provision in my (our) planning documents remembering**

\_\_\_\_\_ **Memorial Foundation and/or**

\_\_\_\_\_ **Joe DiMaggio Children's Hospital Foundation.**

\_\_\_\_\_ I (we) have named the Foundation as a beneficiary in my (our) will or living trust.

\_\_\_\_\_  
Comments

\_\_\_\_\_ I (we) have named the Foundation as a beneficiary of an IRA, retirement plan, brokerage account, banking account, insurance policy or other financial asset.

\_\_\_\_\_  
Comments

\_\_\_\_\_ I (we) have designated the Foundation as a beneficiary of a charitable lead trust, charitable remainder trust, charitable gift annuity or other charitable planned giving arrangement.

\_\_\_\_\_  
Comments

\_\_\_\_\_ I (we) have included the Foundation(s) in my (our) estate plan(s) or other deferred gift, but prefer to keep the details private at this time.

Thank you for remembering Memorial Foundation and/or Joe DiMaggio Children's Hospital Foundation with a planned gift. We would like to recognize your forethought and support of our mission to heal the body, mind and spirit of those we touch. Your identification as a *Dream Builder* may encourage others to remember us in their estate plan. May we publish your name(s) in our listing honoring the Dream Builders Society and in the Foundations' publications?

\_\_\_\_\_ YES, please print my (our) name(s) as follows:

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\_\_\_\_\_ NO thank you, please keep my (our) name(s) anonymous.

In the event I (we) change or modify the above estate/financial plan provisions, I (we) agree to notify Memorial Foundation and/or Joe DiMaggio Children's Hospital Foundation.

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Additional information you would like to share with us:

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**Memorial Foundation**  
**Joe DiMaggio Children's Hospital Foundation**