

Your Legacy.



Our Future.

LEGACY SOCIETY
Giving for Generations



Planned Parenthood of Illinois

YOUR LASTING LEGACY ...

Your estate plan ensures the benefits of family planning and reproductive choice will continue for generations to come!

Why Include Planned Parenthood of Illinois?

For more than a century, Planned Parenthood has offered essential reproductive health care services, medically accurate community education programs, and public policy leadership around health care.

A commitment to Planned Parenthood of Illinois (PPIL) in your will ensures future generations have access to affordable, top quality family planning and reproductive health care services throughout Illinois. We rely on, and are deeply grateful for, the extraordinary dedication and foresight of individuals like you who provide for PPIL beyond their lifetime.

Make an Impact

Your will can be a tribute to the values that you have prioritized throughout your life. Including PPIL in your will is a meaningful way to make a lasting impact for generations to come.

How to Leave a Legacy for PPIL

Planned giving opportunities include:

- Bequest in your will (cash, securities, or other valuables)
- Beneficiary of retirement plan, bank account, or life insurance policy
- Charitable gift annuity

A Specific Bequest

You can establish a bequest of a particular dollar amount or asset using this language:

"I give, bequeath and devise (_____ % or \$_____ or specifically designated asset) to Planned Parenthood of Illinois, an Illinois not-for-profit corporation, now or formerly in the City of Chicago, 18 S. Michigan Avenue, 6th Floor, or its successor organization, to be used for [its general purposes, specific health center, specific project]."

A Residuary Bequest

You can give all or part of the property remaining in your estate after debts, expenses, and specific bequests are paid. Such provisions can be made as follows:

"I give, bequeath and devise to Planned Parenthood of Illinois, an Illinois not-for-profit corporation, now or formerly in the City of Chicago, 18 S. Michigan Avenue, 6th Floor, or its successor organization, all or _____ % of the rest, residue, and remainder of my estate, both real and personal, wherever located, to be used for its general purposes."

Other Ways to Support the Future of Family Planning

You can name PPIL as a beneficiary of a retirement plan, bank account, or life insurance policy. Life income gifts such as charitable gift annuities and charitable trusts also support the future of Planned Parenthood while providing you with payments for life. Please contact us for more information.

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As a member of the Planned Parenthood of Illinois

Legacy Society, I take great comfort in knowing I'm doing all I can in this lifetime and beyond to ensure compassionate care is available to all, no matter what. Being a part of the Legacy Society has given me a deeper appreciation and understanding of the impact of PPIL. I invite you to join me in committing to the future of reproductive care for generations to come.

- *Susan Musich*

Donor, Former Chair, Board of Directors

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Planned Parenthood of Illinois
18 S. Michigan Ave., 6th Floor
Chicago, IL 60603
www.ppil.org

Contact us for more information:
development@ppil.org
312.592.6800



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Reply Card

- Yes, I/we accept the invitation to join the Legacy Society. I/we have included Planned Parenthood of Illinois (PPIL) in my/our estate plans.**

Please list me/us as: _____

I/we wish to remain anonymous

Optional: I/we have provided for PPIL in my/our

will/living trust

charitable trust

life insurance policy

bank, brokerage, or other financial account

retirement fund

other _____

My/our future gift for PPIL:

Is a percentage of my estate and is worth approximately \$ _____

Is in the specific amount of \$ _____

I/we wish to keep the value of my future gift private at this time.

Is designated for a specific purpose:

- I would like more information about including Planned Parenthood of Illinois in my estate plans

Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Your vision and commitment will ensure that future generations have access to compassionate, affordable, top quality family planning and reproductive health care services.

THANK YOU.

Please return completed form to:

Planned Parenthood of Illinois
Attn: Development Department
18 S. Michigan Ave., 6th Floor
Chicago, IL 60603

