Lucile Packard Foundation for Children’s Health
Lucile Salter Packard Society

One Mom’s Vision

Lucile Salter began her lifelong advocacy for the health and well-being of children while volunteering as a Stanford undergraduate at the Stanford Convalescent Home. In 1986, she and her husband David Packard, donated $40 million for the construction of a new comprehensive hospital that would treat children, not just their diseases, and would embrace the importance of family centered care. Lucile was passionate about the design details of the new hospital, from the number of windows and skylights to the height of the rails and counters. The hospital opened in 1991 and was named Lucile Salter Packard Children’s Hospital, in memory of Lucile who passed away in 1987.

The Lucile Salter Packard Society

The Lucile Salter Packard Society (LSPS) recognizes and honors those who share Mrs. Packard’s vision and philanthropic spirit through their estate and life income gifts that will provide future support to Lucile Packard Children’s Hospital Stanford or the child health programs at Stanford University School of Medicine.

When you designate Lucile Packard Foundation for Children’s Health as a beneficiary in your will, trust, or life income gift, 100 percent of your gift supports children’s health programs at the hospital or Stanford University School of Medicine (per your chosen designation). Your gift ensures the future of children’s health for generations to come, and by joining others who have taken this step, you are a part of this important legacy.

The Lucile Packard Foundation for Children’s Health works to improve the health and well-being of children and expectant mothers by fundraising on behalf of Lucile Packard Children’s Hospital Stanford and child health programs at Stanford University School of Medicine. Please contact the Office of Gift Planning (contact information below) to receive personalized bequest language or for more information about different types of planned gifts.
Legacy Gift Details

Thank you for notifying us of your future gift with Lucile Packard Foundation for Children’s Health. Please be assured that this information will be kept confidential and that this is not a legally binding document. We simply want to thank you for your thoughtful planning and make sure that your gift is used according to your intentions.

Name(s): __________________________________________

Address: __________________________________________

City: ___________________________ State: ________ ZIP: __________

Phone: ______________ Email: ___________________________

THE GIFT

My/Our gift is from a:

☐ will or living trust  ☐ retirement plan asset beneficiary
☐ charitable gift annuity  ☐ life insurance policy beneficiary
☐ charitable remainder trust  ☐ other: __________________________

Estimated value ($) of my/our gift as of today’s date (optional): __________________________

My/Our gift is:

☐ Unrestricted, in order to provide maximum flexibility for Lucile Packard Children’s Hospital Stanford to pursue its mission.
☐ Restricted for this purpose at the hospital or at Stanford University School of Medicine (please contact us if you are considering a restricted gift to ensure that it can be honored):

________________________________________

Additional comments about my/our gift: __________________________________________

________________________________________

RECOGNITION

☐ To inspire others to make future gifts, please list my name(s) as follows:

☐ I/we wish to remain anonymous.
☐ No, I/we do not wish to be a member of the Lucile Salter Packard Society.

Signature(s): __________________________ Date: __________________________

Please return your completed form to the address below.

Lucile Packard Foundation for Children’s Health
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