



SUPPORTING THE

# School of Medicine

## PLANNED GIFT INFORMATION FOR THE UNIVERSITY OF VIRGINIA MEDICAL SCHOOL FOUNDATION

I plan to provide future support to the University of Virginia School of Medicine through this contribution to the Medical School Foundation.

### GIFT INFORMATION

- BEQUEST (Will or Trust)                      Estimated Gift \$ \_\_\_\_\_                      Specifics \_\_\_\_\_
- RETIREMENT PLAN                                      Estimated Gift \$ \_\_\_\_\_                      Specifics \_\_\_\_\_
- LIFE INSURANCE    Death Benefit \$ \_\_\_\_\_                      Cash Surrender Value \$ \_\_\_\_\_
- CHARITABLE REMAINDER TRUST                      Estimated Gift \$ \_\_\_\_\_                      Type of Trust \_\_\_\_\_
- CHARITABLE LEAD TRUST                              Estimated Gift \$ \_\_\_\_\_                      Type of Plan \_\_\_\_\_
- OTHER    Estimated Gift \$ \_\_\_\_\_                      Specifics \_\_\_\_\_

I would like my gift to be used for (school, program, etc.): \_\_\_\_\_

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

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

Other relevant information: \_\_\_\_\_

### DONOR INFORMATION

Name \_\_\_\_\_ Class Year \_\_\_\_\_

Specialty \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

All information on this form will be kept CONFIDENTIAL.

The **Cornerstone Society** comprises forward-thinking alumni, parents and friends who give to the University or its related foundations through estate or financial plans, or other deferred gift arrangements. With a planned gift, you may be able to make a greater impact than you thought was possible during your lifetime.

Planned gift donors are a very valuable component of the School of Medicine's strategic planning and are recognized in the Cornerstone Society.

*\*Please Note: The Medical School Foundation will apply a one-time 5% assessment on each installment of restricted gifts to support the unrestricted general operating funds of the School of Medicine.*

Please return completed form to:

University of Virginia Medical School Foundation  
PO Box 800776  
Charlottesville, VA 22908-0776  
(434) 924-1734 phone . (434) 982-3202 fax  
medalum@virginia.edu

# Thank you

*Thank you for your support of the University  
of Virginia Medical School Foundation.  
Our tax ID is 23-7173411.*