



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.