



**MEDICAL ALUMNI ASSOCIATION
MEDICAL SCHOOL FOUNDATION**

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**RESTRICTED BEQUEST
(For a Purpose You Define)**

I bequeath to The University of Virginia Medical School Foundation (tax identification #23-7173411), a Virginia corporation located in Charlottesville, Virginia, the sum of \$_____ [or property described herein] to be used by _____ for the following purpose: _____.

Or

I bequeath all the rest of my estate [or _____ percent (____%) of the rest of my estate] to The University of Virginia Medical School Foundation (tax identification #23-7173411), a Virginia corporation located in Charlottesville, Virginia to be used by _____ for the following purpose: _____.

[If you want to restrict your bequest to a particular school or program, we recommend that you ask University officials to review your intended provision to be certain that your wishes may be carried out.]

**UNRESTRICTED BEQUEST
(For Unrestricted Use)**

I bequeath to The University of Virginia Medical School Foundation (tax identification #23-7173411), a Virginia corporation located in Charlottesville, Virginia, the sum of \$_____ [or property described herein] to be used in its discretion for its general purposes.

Or

I bequeath all the rest of my estate [or _____ percent (____%) of the rest of my estate] to The University of Virginia Medical School Foundation (tax identification #23-7173411), a Virginia corporation located in Charlottesville, Virginia, to be used in its discretion for its general purposes.