

THE
WILDENTHAL
SOCIETY

SOUTHWESTERN MEDICAL FOUNDATION
UT SOUTHWESTERN MEDICAL CENTER

Statement of Intent

Thank you for supporting UT Southwestern Medical Center. To document your bequest intention accurately, please complete the information below.

TYPE OF GIFT:

Bequest Provision in Will or Trust Life Insurance or Retirement Plan Beneficiary

Gift Annuity or Charitable Remainder Trust Retained Life-Estate

Other: _____

GIFT PURPOSE:

Areas of greatest need Student scholarships

Research Clinical Care

Other: _____

GIFT VALUE:

Current estimated value of gift (*optional and if known*): _____

If your gift is a percentage of your estate, please include the approximate value.

Your gift will be made through _____ the UT Board of Regents or _____ Southwestern Medical Foundation (please select one).

RECOGNITION:

The Wildenthal Society recognizes generous donors who have supported UT Southwestern in their estate plans. In addition to recognition through print and electronic publications, your selection below will apply to your recognition as a member.

Please list my/our name in The Wildenthal Society as follows:

Please keep my/our identity anonymous.

Name (please print) Date

Address City, State, ZIP Code

Email Telephone

Please return this form by mail or e-mail

Mail: Southwestern Medical Foundation, 3889 Maple Avenue, Suite 100, Dallas, TX 75219-3914

E-mail: Randal Daugherty at randal.daugherty@utsouthwestern.edu