



Statement of Intent

Full name (printed)

Date of birth (mm/dd/yyyy)

Full name (printed)

Date of birth (mm/dd/yyyy)

It is my/our pleasure to inform you that I/we have made an estate gift commitment to support UT Southwestern Medical Center through the following:

- Bequest in will or trust Retirement plan beneficiary
 Charitable gift annuity or remainder trust Life insurance beneficiary
 Other (please describe): _____

I/we have made this gift through UT Southwestern or Southwestern Medical Foundation.

Purpose for which gift is to be used: _____

Approximate amount of gift (optional and if known): _____

Recognition allows us to express thanks for your intended gift as well as inspire others who may consider making similar gifts.

List my/our name in The Wildenthal Society as follows: _____

Keep my/our identity anonymous.

I/we understand that this commitment is revocable and in no way a legal obligation. If my/our plans change, I/we will inform you of those changes.

Signature

Date signed (mm/dd/yyyy)

Signature

Date signed (mm/dd/yyyy)

Email address

Phone number

Address with city, state, and zip code

Please return this form via email to Randal.Daugherty@utsouthwestern.edu or mail to:
UT Southwestern Medical Center, Development Office, P.O. Box 910888, Dallas, TX 75391-0888