
 Donor Name _____
 Date of Birth

 Street Address _____
 City _____
 State _____
 Zip

 Phone (home) _____
 Phone (other)

Deferred Commitment

**I am happy to inform you of a planned gift to UNC Health Foundation on behalf
 of _____.**

Type and Value of Gift

- Gift by Will
 - Outright bequest \$ _____
 - Residual-bequest: _____ % of my estate \$ _____
- Gift of retirement plan assets. \$ _____
- Establishment of charitable gift remainder trust.* \$ _____
 - Irrevocable Revocable
- Gift of life insurance policy. \$ _____
 - Owner/Beneficiary Beneficiary only
- Other: _____ \$ _____

*Remainder to UNC Health Foundation is either irrevocable, meaning it is vested and cannot be revoked; or it is revocable, meaning you've retained the right to amend or revoke the Foundation's interest.

Designated Purpose

- Unrestricted, please use my gift where the need is greatest.
- Restricted, to be used as follows: _____

Acknowledgement

We would like to inform the Dean and Chancellor of your gift. If you wish to limit the acknowledgement of your gift, please check a box below.

- Please notify the Dean and Chancellor, but no external listing.
- Please **do not** notify the Dean or Chancellor and no internal or external listings.

UNC Health Foundation would appreciate receiving a copy of your will, trust agreement, or other planning document (or applicable excerpt). This allows us to review the language to ensure that your wishes can be carried out as you intend.

 Donor _____
 Date