**NOTIFICATION OF GIFT BY WILL OR OTHER GIFT PLAN**

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I have made a gift to Vanderbilt University Medical Center in my will or trust.

\_\_\_\_\_ I have made a gift to Vanderbilt University Medical Center through a beneficiary designation (Individual Retirement Account – IRA), life insurance policy or other gift plan.

**purpose**

I want Vanderbilt University Medical Center to use my gift for the following purpose/s:

\_\_\_\_\_ Area of greatest need or its general purposes.

\_\_\_\_\_ For this particular purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(*Examples: In honor of my family member [name] … for cancer research and patient care at Vanderbilt-Ingram Cancer Center … for Monroe Carell Jr. Children’s Hospital at Vanderbilt … for research and care of patients with Alzheimer’s disease.)*

\_\_\_\_\_ This gift should be added to the endowment (held permanently).

(Optional): I estimate the current value of my gift at $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**SPECIAL NOTE**

This notification form is a statement of my intention and does not obligate me to make the gift described above. If I make the gift, Vanderbilt University Medical Center shall apply this gift for the charitable purposes stated above unless new instructions are provided by me to the Development office.

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_