



United Family Medicine

A Legacy of Caring

RUMSEY FAMILY ENDOWMENT FUND

LETTER OF INTENT

Name(s): _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

I (we) hereby pledge my support the A Legacy of Care Campaign to support mental health programs and services provided through United Family Medicine's Rumsey Family Endowment Fund to residents of our community.

I/We pledge a total of: \$_____ Amount enclosed: \$_____

I/We wish to make this donation over: 1 year 2 years 3 years

I (we) wish to make this donation through a legacy gift:

Bequest Stock/Investment Beneficiary Real Estate Other _____

This legacy gift is currently estimated at: \$_____

Signature

Date

Spouse's signature (when joint gift)

Date

Method of Payment:

Cash Check Charge Stock Property Other _____

PLEASE MAKE CHECKS PAYABLE TO: United Family Medicine

Balance to be paid as follows:

Month	Year	Amount
_____	2018	\$_____
_____	2019	\$_____
_____	2020	\$_____

You may list my/our name(s) as a contributor to encourage others to give.

I/We wish my/our name(s) to be listed as _____

I/We wish to remain anonymous.

United Family Medicine is a 501(c)3 not-for-profit organization.