



WEST 7TH LEGACY SOCIETY LETTER OF ACKNOWLEDGEMENT

Name Date of Birth

Second Name *(if joint gift)* Date of Birth

Address City State Zip

Telephone Fax E-Mail

As of (date) _____, it is my/our intent to leave a legacy of \$ _____ or _____ %
through my/our:

- Will Retirement Plan Assets Life Insurance Policy
 Living Trust Charitable Remainder Trust Other: _____

Please designate this gift to benefit the following program or to “where the need is greatest” at United Family Medicine:

Please enroll me/us in the United Family Medicine West 7th Legacy Society under the following conditions:

- Feel free to publish my/our name(s) among your lists of West 7th Legacy Society members as a motivation for others to leave a future gift to benefit United Family Medicine. I/we wish my/our name(s) to appear as:

- Do not publish my/our names on any donor roster *(this is an anonymous gift)*.

Though this Letter of Acknowledgement is an expression of my/our current plans, I/we understand that it may be modified or revoked at any time, and this is not a legal obligation binding me or my estate.

Date *Donor(s) Signature(s)*