



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 (our) support to the A Legacy of Caring 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

My employer matches charitable gifts: Yes Unsure No Name of employer _____

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 (Payable to United Family Medicine) Charge Other _____

Balance to be paid as follows:

Month	Year	Amount	Month	Year	Amount
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____			

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.