Intent to Give to UNC Health Foundation

NAME PID

ADDRESS CITY/STATE/ZIP

I am pleased to inform you of my intent to support UNC Health Foundation in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I would like my total commitment to be allocated in the amounts and designations below: .

* Department of Urology Strategic Fund (345838)
* Resident Education & Travel Fund (348410)
* Urology Education Fund (349655)
* Urologic Oncology Fund for Excellence (346126)
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## $ Designated for

$ *Designated for*

## Please remind me as follows:

Please begin reminders in: (month) (year)

Remind me: annually semiannually quarterly

|  |  |
| --- | --- |
| Year 1 | $ |
| Year 2 | $ |
| Year 3 | $ |
| Year 4 | $ |
| Year 5 | $ |

## Publicity:

### May we publicize your gift (i.e., honor rolls, news media, University publications or websites)?

Recognition:

# Yes No

### I would like my spouse to receive recognition credit. *(Name)*

Please list my/our names as follows

### I/we wish to remain anonymous for recognition for this commitment.

By signing below, I confirm the details of my commitment to UNC Health Foundation and authorize the payment of such commitment as noted above.

It is understood that this is a non-binding commitment to UNC Health Foundation and is not considered a personal, enforceable pledge. It is possible that this commitment may be completed, in part or in whole, by grants from a donor advised fund.

SIGNATURE DATE

UNC Health Foundation | 123 W. Franklin Street, Suite 510 | Chapel Hill, NC 27516 | (919) 966-1201 | unchealthfoundation.org