



## Notification of Future Support for the UVA Health System

I (we) have made plans to provide future support to the UVA Health System through a bequest (by will or trust) to the UVA Health Foundation

### Bequest Information

1) Amount

a) Specific Amount: \$ \_\_\_\_\_

b) Estimated Amount: \$ \_\_\_\_\_ based on \_\_\_\_\_ % of my estate

2) Purpose (please circle):

a) For the unrestricted use of the UVA Health System

b) For the unrestricted use of \_\_\_\_\_ (department, division, or center)

c) Education/training

d) Research in: \_\_\_\_\_

e) Other: \_\_\_\_\_

3) Endowment

a) If your gift is intended to create a *new* endowment, please contact the **UVA Health System Development Office (800-297-0102; 434-924-8432)** to discuss details and to create a formal endowment agreement.

4) Copy of legal provision

a) Please consider attaching a copy of the provision from your will or trust to this form. Thank you.

Other relevant information: \_\_\_\_\_

### Donor Information

Name: \_\_\_\_\_ Alumnus/Alumna: \_\_\_\_\_

Other Relevant Facts: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The UVA Health Foundation will apply a one-time 5% assessment on each installment of restricted gifts to support the unrestricted general operating funds of the School of Medicine, School of Nursing or Medical Center.

**Jeff Moster**  
University of Virginia UVA Health System  
P.O. Box 800773, Charlottesville, VA 22908  
(434) 924-8432 (phone) (434) 982-1984 (fax)  
[Jlm6m@virginia.edu](mailto:Jlm6m@virginia.edu)