



# Planned Gift Information Sheet

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

I/We are happy to inform you of a deferred gift to benefit UNC Lineberger Comprehensive Cancer Center through The Medical Foundation of NC, Inc.

**Type of Gift**

**Value of UNC Lineberger's Share**

★ Gift by Will

- Outright bequest \$ \_\_\_\_\_
- Contingent bequest \$ \_\_\_\_\_
- Residual bequest - \_\_\_\_% of my estate \$ \_\_\_\_\_

★ Retirement Plan Assets \$ \_\_\_\_\_

★ Charitable Remainder Trust <sup>1</sup>  
 Irrevocable       Revocable \$ \_\_\_\_\_

★ Life Insurance Policy \$ \_\_\_\_\_  
 Owner/Beneficiary    Beneficiary Only

★ Other \_\_\_\_\_

<sup>1</sup> Remainder to UNC Medical Foundation is either *irrevocable*, meaning it is vested and cannot be revoked; or it is *revocable*, meaning you've retained the right to amend or change the Medical Foundation's interest.

**Designated Purpose**

- Unrestricted – Cancer Center's top priorities
- Restricted, to be used as follows:

\_\_\_\_\_  
\_\_\_\_\_

**Acknowledgment**

- I/We are happy to have our planned gift recognized in the annual donor honor roll.
- I/We would like our planned gift to be anonymous.

UNC Lineberger would greatly appreciate a copy of your will, trust agreement, or other planning document (or applicable excerpt). This allows us to review the language to insure that your wishes can be carried out as you intend.

Signature \_\_\_\_\_

Date \_\_\_\_\_