



# The Legacy Society

## Declaration of Intent

In an effort to help the Medical University of South Carolina pursue its mission and to encourage others to make this type of gift, we would like to confirm that we have made a planned gift to the Medical University of South Carolina Foundation. We understand that all information listed on this form will be kept in strict confidence.

Name(s): \_\_\_\_\_

Address, State & Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

For gift valuation purposes, please provide your birthdate(s): \_\_\_\_\_  
Month/Day/Year      Month/Day/Year

### Type of Provision

### Current Estimated Amount or %:

- Bequest in Will/Living Trust \_\_\_\_\_
- Charitable Remainder Unitrust (CRUT) \_\_\_\_\_
- Charitable Remainder Annuity Trust (CRAT) \_\_\_\_\_
- Charitable Gift Annuity \_\_\_\_\_
- Beneficiary of a retirement Plan/IRA \_\_\_\_\_
- Beneficiary of a life insurance policy \_\_\_\_\_
- Charitable Gift Plan Attached \_\_\_\_\_

I/We designate our gift to fund the \_\_\_\_\_ through the MUSC Foundation.

I prefer that you **do not** include my name in any published listing.

**Please return this form to:** Medical University of South Carolina, Office of Gift Planning, 268 Calhoun Street, MSC 182, Charleston, SC 29425 Phone: 843.792.0002 or 800.810.6872 Email: hahn@musc.edu

*In the event of any change in the provision(s) above, please notify the MUSC Office of Gift Planning/Development.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please make planned gifts payable to:***

**Medical University of South Carolina Foundation.**  
18 Bee Street, MSC 450, Charleston, SC 29425

**Thank you for your generosity to MUSC!**