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**NOTIFICATION OF GIFT BY WILL OR OTHER GIFT PLAN**

Name(s) \_\_\_\_\_ / \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I have made a gift to Vanderbilt University Medical Center in my will or trust.  
\_\_\_\_\_ I have made a gift to Vanderbilt University Medical Center through a beneficiary designation (Individual Retirement Account – IRA), life insurance policy or other gift plan.

**PURPOSE**

I want Vanderbilt University Medical Center to use my gift for the following purpose/s:

\_\_\_\_\_ Area of greatest need or its general purposes.  
\_\_\_\_\_ For this particular purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Examples: In honor of my family member [name] ... for cancer research and patient care at Vanderbilt-Ingram Cancer Center ... for Monroe Carell Jr. Children’s Hospital at Vanderbilt ... for research and care of patients with Alzheimer’s disease.)*

\_\_\_\_\_ This gift should be added to the endowment (held permanently).

(Optional): I estimate the current value of my gift at \$\_\_\_\_\_.

**SPECIAL NOTE**

This notification form is a statement of my intention and does not obligate me to make the gift described above. If I make the gift, Vanderbilt University Medical Center shall apply this gift for the charitable purposes stated above unless new instructions are provided by me to the Development office.

Signature(s) \_\_\_\_\_ / \_\_\_\_\_