

————— *The* —————  
**HERITAGE SOCIETY**

SOUTHWESTERN MEDICAL FOUNDATION | UT SOUTHWESTERN MEDICAL CENTER

**Statement of Intent**

It is my/our pleasure to inform you that I/we have made a commitment through an estate gift to Southwestern Medical Foundation for the benefit of UT Southwestern.

Purpose for which gift is to be used: \_\_\_\_\_

\_\_\_\_\_

Approximate amount of gift: (optional and if known): \_\_\_\_\_

This gift will be made through \_\_\_\_ the UT Board of Regents or \_\_\_\_ Southwestern Medical Foundation. (Please select one)

I/we understand that this commitment is revocable and in no way a legal obligation.

\_\_\_\_\_ ***Please list my/our name in The Heritage Society as follows:***

\_\_\_\_\_

\_\_\_\_\_ Please keep my identity anonymous.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone – Daytime

\_\_\_\_\_  
**Email Address**

**Please return this form in the enclosed envelope or mail to:**

SOUTHWESTERN MEDICAL FOUNDATION  
PARKLAND HALL AT OLD PARKLAND  
3889 Maple Avenue, Suite 100 | Dallas, Texas 75219-3914 | Office: (214)648-3069 | Fax: 214-648-4771 |  
Email: [randal.daugherty@utsouthwestern.edu](mailto:randal.daugherty@utsouthwestern.edu)