



UT Health
San Antonio

UT Health San Antonio Office of Gift Planning
7703 Floyd Curl Drive, MC 7835
San Antonio, TX 78229
Telephone: (210) 567-9219
plannedgiving@uthscsa.edu

A Gift to UT Health San Antonio

With pleasure, I document my revocable legacy gift as described below, acknowledging my desire to contribute to the advancement of UT Health San Antonio.

Please contact me to discuss the specific purpose of my future contribution and membership in the Laureate Society.

Note: UT Health San Antonio recognizes your thoughtful future support and pledges to maintain complete confidentiality. UT Health San Antonio acknowledges that all estate provisions are revocable and any intentions stated here are not binding on you or your estate.

I have made revocable gift commitments for UT Health San Antonio as follows

<input type="checkbox"/>	Will Provision	approximate value	_____
<input type="checkbox"/>	Life Insurance Policy	approximate value	_____
<input type="checkbox"/>	IRA or other retirement plan	approximate value	_____
<input type="checkbox"/>	Other asset	approximate value	_____
<input type="checkbox"/>	Revocable trust	approximate value	_____

I have attached documentation from my will, retirement plan, life insurance policy, or trust.

Signature Date

Signature Date

Name (please print)

Name (please print)

Contact information - representative of my estate:

Name

Role

Telephone or Email

I have attached documentation from my will, retirement plan, life insurance policy, or trust.

If your gift is for a percentage of your estate, rather than a fixed amount, UT Health San Antonio will be happy to use your good faith estimate of the current value based on this percentage. While not required, you may wish to include a copy of the relevant portion of related documents with this form.