

Bascom Palmer
Eye Institute
Statement of
Support Form

As an indication of my/our philanthropic support, I am/we are pleased to inform Bascom Palmer Eye Institute that I/we intend to make a planned gift, or have made a provision for a gift in my/our estate plans, to Bascom Palmer, as indicated below:

- | | |
|---|---|
| <input type="checkbox"/> Will or Trust bequest | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Bequest in the Will of the surviving spouse | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> IRA Charitable Rollover | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> IRA or other beneficiary designation
(e.g. retirement account, bank account, etc) | _____ |

General description of gift provision (e.g. percentage, value, type)

The current estimated value of my/our provision
(e.g. percentage, value, type) \$ _____

The gift is to be used for:

- The area of greatest opportunity at Bascom Palmer
- Other (please specify purpose, e.g. research, program support, etc.)
- _____
- _____

*The statements in this form are merely intentions and are made to assist Bascom Palmer in projecting future financial support and gift expectancies, and to fulfill donor intent. **Signing this form does not create a binding legal obligation upon the donor(s) or the estate of the donor(s), and the intentions expressed herein may be revoked, changed, or amended at any time and for any reason, in the sole discretion of the donor(s).**

- A copy of the pertinent provision of the relevant document is attached or will be sent when it is executed.

Acknowledgment of Gift: Please mark one.

- Please keep this gift completely anonymous.
- I/we authorize release of this gift for acknowledgment for internal or external media sources.

Name should appear as: _____

By signing this Statement of Support, I/we understand that I/we will be inducted into the Society for Encouraging Endowment at Bascom Palmer and into the UM Heritage Society and will be honored accordingly, unless otherwise indicated above.

Signature of Donor(s): _____

Date: _____ Birth date(s): _____

Preferred Email Address: _____

Bascom Palmer Eye Institute and the University of Miami are grateful for your support.

