

# Make the Greatest Impact

When you remember Weill Cornell Medicine in your will, estate or other type of estate or financial plan, you create a lasting legacy that helps us to continue to advance our mission of exceptional care, research and education.

## Statement of Support

**It is my/our intention to include Weill Cornell Medicine in my/our plans as a revocable beneficiary of my/our:**

- |   |   |
|---|---|
| <input type="checkbox"/> Will or Living Trust                         | <input type="checkbox"/> Bank or Brokerage Account(s)       |
| <input type="checkbox"/> Retirement Account(s)                        | <input type="checkbox"/> Donor-Advised Fund succession plan |
| <input type="checkbox"/> Life Insurance Policy (Policies) designation | <input type="checkbox"/> Other _____                        |

*Please provide your best good faith estimate of the value of your gift, based on the approximate current value of your assets. If you need assistance in making this estimate, we would be happy to speak with you. Please call us at 646-962-9567.*

My/Our gift is in the amount of: \$ \_\_\_\_\_

OR

My/Our gift is stated as a percentage of my/our estate and is worth approximately: \$ \_\_\_\_\_

## Please use my/our legacy gift as follows:

- ☐ I/We would like my/our gift to be unrestricted.
- ☐ I/We would like my/our gift to be restricted to the following area: \_\_\_\_\_
- ☐ I/We would like my/our gift to (check one) \_\_\_\_ create an endowment or \_\_\_\_ be for expendable use.
- ☐ I/We would like my/our gift to honor the following loved one or trusted physician: \_\_\_\_\_

Please share any additional details you would like us to know about your gift:

\_\_\_\_\_

## Recognition

- ☐ I/We want to be recognized for my/our gift, which may include listing my/our name within a dollar range.
- ☐ I/We want to be recognized for my/our gift but would prefer to keep my/our gift amount private. Please list my/our name without a dollar range.
- ☐ I/We do not want to be publicly recognized. Please list me/us as anonymous.
- ☐ I/We are interested in being featured in planned giving marketing materials.

### I/We would like to be recognized as:

Recognition Name(s) \_\_\_\_\_

*Most donors are recognized by first and last name(s) only. For example: Jane M. Smith, M.D. or Jane and Michael Smith.*

*Weill Cornell Alumni include their class year. Example: Jane M. Smith, M.D. '62.*

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME 2 (IF APPLICABLE) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## Thank you for your support!

Please return this form by email to [plannedgiving@med.cornell.edu](mailto:plannedgiving@med.cornell.edu) or by mail to:

**Alison White, Director of Planned Giving**  
**Weill Cornell Medicine – Office of External Affairs**  
**1300 York Avenue, Box 314**  
**New York, NY 10065**

For questions, please call **(646) 962-9567**.

Visit us at [give.weill.cornell.edu/planned-giving](http://give.weill.cornell.edu/planned-giving)

*Our legal name is: "Cornell University, in Ithaca, NY, for the benefit of its Weill Cornell Medical College in New York, NY." Our tax ID is #15-0532082. Weill Cornell Medicine is part of Cornell University of Ithaca, NY and is a tax-exempt organization.*

*This statement of support is not legally binding upon my/our estate and does not constitute a legal promise of any future donation to Weill Cornell Medicine. Weill Cornell Medicine understands bequests are revocable and your estate plans may change. If my/our planned gift is for a specific purpose, and, if in the judgement of the Dean of Weill Cornell Medicine, it shall become impossible for Weill Cornell Medicine to use the planned gift as restricted, Weill Cornell Medicine may use this gift for such purpose or purposes the Dean determines is most closely related to the restricted purpose.*