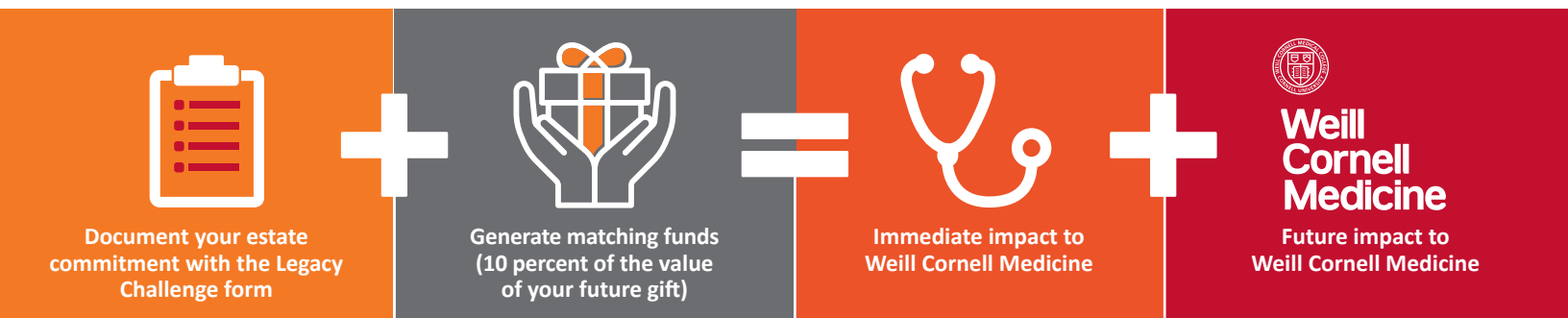


The We're Changing Medicine Legacy Match Challenge

Your Future Gift Can Generate a 10 Percent Match Today

For a limited time, your new or increased legacy gift to Weill Cornell Medicine will activate a special matching fund gift! When you notify us in writing of your legacy gift intention, the We're Changing Medicine Legacy Match Challenge will generate an immediate cash matching gift equal to 10 percent of the face value of your future gift to support the new student residence, scheduled to begin construction next year.



How It Works

Simply let us know that you have included a future gift to Weill Cornell Medicine in your will or trust or as a beneficiary of your retirement plan, life insurance or bank account, and share a few details about your gift by sending in the enclosed confidential form.

Your future gift will then trigger an immediate cash gift *in your name* to support the new student residence.

All Legacy Match Challenge donors will be honored on a plaque in the new student residence and will be recognized as members of the Stimson Society. Legacy intentions of \$750,000 or more may also qualify for naming recognition for apartments or other spaces in the student residence.

For example:

A bequest intention of		Generates a 10 percent match to the student residence
\$100,000	>	\$10,000
\$500,000	>	\$50,000
\$2,000,000	>	\$125,000

* Your legacy intention can be unrestricted or for a program area that is meaningful for you. The match funds are directed to the student residence.

Please join the Legacy Match Challenge and maximize your impact!

We are grateful to all donors who have already included Weill Cornell Medicine in their estate plans. If you have a legacy gift plan already documented with our planned-giving specialists, you can still be a part of the Legacy Match Challenge by increasing your existing gift plan.

If you have already included Weill Cornell Medicine in your plans but haven't yet informed us of your intent, please contact us so that your gift can qualify for this special match opportunity.

To qualify for the 10 percent Legacy Match Challenge funds, gifts must be new or increased legacy gifts of a minimum of \$50,000 or more. Legacy gifts valued at \$1.25 million or more will be matched at \$125,000. The Challenge will run through June 30, 2023, or as long as matching funds are available.

We would be happy to provide more details or speak with you to ensure that your gift qualifies for the Legacy Match Challenge. Please contact Lisa Lager, Director of Planned Giving, at 646-962-9567 or plannedgiving@med.cornell.edu, or return the enclosed Statement of Support form.

Participation in the Legacy Match Challenge is easy. Your future legacy gift will make an impact today and be remembered for generations to come.



Join Us

Your Future Gift Will Generate a 10 Percent Match Today

For a limited time, your new or increased legacy gift to Weill Cornell Medicine will activate a special matching gift! Simply fill out the below form to notify us of your legacy gift intention and the *We're Changing Medicine* Legacy Match Challenge will generate an immediate cash matching gift equal to 10 percent of your future legacy gift, which will be recognized as part of the *We're Changing Medicine* campaign. Matching funds will be allocated to support our new student residence, currently slated for completion in 2025.

To qualify for the 10 percent Legacy Match Challenge funds, gifts must be new or increased legacy gifts of at least \$50,000 or more. Your legacy intention can be unrestricted or designated to a program area that is meaningful to you. Legacy gifts valued at \$1.25 million or more will be matched at \$125,000. The Challenge will run through June 30, 2023, or as long as matching funds are available.

Your future legacy gift will make an impact today and be remembered for generations to come.

Statement of Support Form

We are thrilled that you have chosen to be a part of the *We're Changing Medicine* Legacy Match Challenge by including Weill Cornell Medicine in your estate plans. Please complete this form to initiate the 10 percent matching gift.

Yes, it is my/our intention to include a gift to Weill Cornell Medicine in my/our plans as a revocable beneficiary of my/our:

- Will or Living Trust
- Retirement Account(s)
- Life Insurance Policy (Policies) designation
- Bank or Brokerage Account(s) designation
- Donor-Advised Fund succession plan
- Other _____

Please provide your best good faith estimate of the value of your new or increased legacy gift, based on the approximate value of your assets. If you need assistance in making this estimate, or want to find out the amount of your matched gift, we would be happy to talk with you. You can reach us at 646-962-9567.

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

OR

My/Our legacy gift is _____ percent of my/our estate, and is worth approximately: \$ _____

Please use my/our legacy gift as follows:

- I/We would like my/our legacy gift to be unrestricted.
- I/We would like my/our legacy gift to be restricted to the following area: _____
- I/We would like my/our gift to honor the following loved one or trusted physician: _____

Honoring My/Our Legacy Support

All Legacy Match Challenge donors will be honored on a plaque in the new student residence and will be recognized as members of the Stimson Society. Legacy intentions of \$750,000 or more may also qualify for naming recognition for apartments or spaces in the student residence.

- I/We want to be recognized for my/our legacy gift, which may include listing my/our name within a dollar range.
- I/We want to be recognized for my/our legacy 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 for my/our legacy gift. Please list me/us as anonymous.

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.

NAME _____

DATE OF BIRTH _____

SIGNATURE _____ DATE _____

NAME 2 (IF APPLICABLE) _____

DATE OF BIRTH _____

SIGNATURE _____ DATE _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

EMAIL _____

Thank you! Our gift-planning team is happy to speak with you about how your gift may qualify for the Legacy Match Challenge. Please return this form or simply contact us:

Lisa Lager, Director of Planned Giving
Weill Cornell Medicine – Office of External Affairs
1300 York Avenue, Box 61, New York, NY 10065
646-962-9567 or plannedgiving@med.cornell.edu

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. 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 the income and principal of this gift for such purpose or purposes the Dean determines is most closely related to the restricted purpose.