



**THE HERITAGE COUNCIL
MEMBERSHIP CONFIRMATION**

Members of the Heritage Council are greatly appreciated for their generosity, vision and compassion through the establishment of a planned gift. They inspire others to share the mission and experience the joy of giving hope and a future through the University of Texas Medical Branch. Please confirm your membership eligibility by completing and returning this membership confirmation form.

Donor Information

Name(s) _____ Age(s) _____

Address _____ Phone _____

City, State, Zip _____ Email _____

Recognition Information

You may publish my name as a UTMB Heritage Council Member recognized in an Honor Roll which will be located in the Office of the President and listed in selected institutional publications. Although your planned gift will remain confidential, we would like to verify how you would like to be recognized (e.g. Mr., Mrs., Mr. and Mrs., etc.) as a member of the Heritage Council.

Recognition Name: _____

I prefer my Heritage Council membership to remain anonymous. Please do not publish my name.

Legacy Gift Information:

I have created the following planned gift(s) to benefit those served by the University of Texas Medical Branch:

✓	Legacy Gift Type	Approximate Gift Value
	Bequest through Will or Trust	
	Beneficiary of Retirement Account (IRA, 401K, etc.)	
	Beneficiary of Charitable Trust or Gift Annuity	
	Beneficiary of Life Insurance	
	Other:	

Designation of Gift: _____

I understand this information will be kept confidential and used solely to assist in planning for the future needs of The University of Texas Medical Branch. I retain the right to change my revocable gift plan(s). This document is not legally binding on my estate, my heirs, or me.

Signature _____ Date: _____