**Texas Presbyterian Foundation**

**6100 Colwell Blvd., Suite 250**

**Irving TX, 75039**

STATEMENT OF INTENT

Date:

To Texas Presbyterian Foundation:

It is our desire to make this gift irrevocably to Texas Presbyterian Foundation ("TPF") to establish the

 gift plan indicated. We understand that a copy of the signed agreement will be provided to us by TPF.

Gift Plan: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designated Charitable Beneficiary(ies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Donor acknowledges receipt of TPF’s Disclosure Letter as required by the

 *Philanthropy Protection Act of 1995.*

□ Donor acknowledges receipt of TPF’s Privacy Notice.

□ Donors desire that the future charitable beneficiary(s) of this gift be notified now.

□ Donors do not wish that future charitable beneficiary(s) of this gift be notified now.

□ We have attached W-9 Form for each Income Beneficiary.

□ We have attached a Direct Deposit Authorization Form

We certify that the information we have provided to TPF regarding dates of birth, tax rate, cost basis (if applicable) is true and correct to the best of our knowledge. We understand that we are making an irrevocable gift to TPF in return for a lifetime income.

Donor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Joint Donor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_