

THE FOUNDATION FOR THE HISTORY OF WOMEN IN MEDICINE

THE HANNAH LONGSHORE, M.D. SOCIETY

LETTER OF INTENT

This document serves to indicate the intention of the donor to be recognized as a member of the *Hannah Longshore M.D. Society*:

- ___ I have included The Foundation for the History of Women in my will or trust.
- ___ I have named The Foundation for the History of Women in Medicine as a beneficiary of a life insurance policy, a qualified retirement fund, or a bank account.
- ___ I have named The Foundation for the History of Women in Medicine as the beneficiary in a Charitable Remainder Trust.
- ___ I expect my gift to be \$25,000 or more and wish to establish a named endowment for specific use of my gift. Please contact me for discussions.
- ___ I wish my gift to be directed to the general endowment of the Foundation and be used for the greatest need.

Name: _____

Address: _____

Birthdate: _____ Telephone: _____ E-mail _____

Signature: _____

Attorney: _____

Address: _____

Telephone: _____

You ___ may or ___ may not use my name in print.

*This "letter of Intent" is revocable and non-binding.
Please share this with your advisor/attorney.*